



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 795059		2. Exact name of the limited liability company BONA FIDE Properties LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Rental Property			
5. Principal office address 15 Burlingame RD		City Smithfield	State RI	Zip 02917	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name John Plante		Contact Title Property Manager			
Street Address 15 Burlingame RD		City Smithfield	State RI	Zip 02917	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED
 OCT 23 2015
 By 1099

File Date _____
 Check No. _____
 By _____
FOR SECRETARY OF STATE USE ONLY

penalty of perjury, I declare and affirm that I have examined report, including any accompanying schedules and statements, that all statements contained herein are true and correct.
John Plante
 Signature of Authorized Person
John Plante
 Print or Type Name of Authorized Person
 Date 9/29/15