

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. 144680	2. Exact name of the limited liability company BHS Property Management, LLC						
3. State of Formation Rhode Island	4. Brief description of the character of business conducted in Rhode Island Acquire and invest in such interests in real property						
5. Principal office address 210 Chapman Road			City Greenville	State SC	Zip 29605		
The state of the s	LIMITED LIABILI	Y COMPANY AND	NAME OR TITLE OF CONTACT I	PERSON:			
Contact Name Jean H. Schmidt	contact Name Jean H. Schmidt			Contact Title			
Street Address 210 Chapman Road	ad		City Greenville	State SC	Zip 29605		
7. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACH	NAMES AND ADD	RESSES) OF THE	EIMITED LIABILITY COMPANY, I	F APPLICABLE - <u>Do</u>	NO ZLIST MEMBERS		
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 RE	HODE ISLAND	A Andrews					
This information is current	tly of record in the	e Office of the Secr	etary of State. Changes require	filing Form 642.			

File Date	NOV 1 6 2015	Under penalty of perjury, I declare and affirm that this report, including any accompanying schedule and that all statements contained herein are true a	s and statements,	
BV		Signature of Authorized Person	Date	
		Jean H. Schmidt		
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person		

EII FD

Form No. 632 Revised: 01/2012