

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

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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.		2. Exact name of the limited liability company						
109502	R & V Be	R & V Bernard, LLC						
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island						
Rhode Island	Acquirin	Acquiring, developing, leasing, and investing in real property						
5. Principal office address 429 Tioque Avenue			City Coventry	State RI	Zip 02816			
6. MAILING ADDRESS C	OF LIMITED LIABILIT	Y COMPANY AND N	AME OR TITLE OF CONTACT	PERSON	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
Contact Name Richard A. Bernard			Contact Title Member					
Street Address 429 Tioque Avenue			City Coventry	State RI	Zip 02816			
7. LIST <u>ALL</u> MANAGER: ("X" BOX FOR ATTAC		RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS			
Manager Name Richard A. Bernard			Manager Name					
Street Address 429 Tioque Avenue			Street Address					
City Coventry	State RI	Zip 02816	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT IN	RHODE ISLAND							
		e Office of the Secret	ary of State. Changes require	e filing Form 642.				
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FILED

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File Date	05	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements coptained herein are true and correct.		
Check No		V Car Servin	03/23/2016	
Bv:		Signature of Authorized Person	Date	
		Richard A. Bernard		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012