

## 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.

793442	2. Exact name of the limited liability company BCProperties, LLC							
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island     REAL ESTATE MANAGEMENT						
5. Principal office address 1029 CRYSTAL BASIN DRIVE			City	State	Zip 80921			
6. MAILING ADDRESS O	F LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT P	- BSON				
Contact Name D. JOSEPH D'AMICO			Contact Title ATTORNEY					
Street Address 728 VALLEY STREET			City PROVIDENCE	State RI	Zip 02908			
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - <u>DO</u>	NOT LIST 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			
RESIDENT AGENT IN F	HODE ISLAND	ALEWSSKERE OF STREET		** ***********************************				
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		North Colors		rijingan,

Form No. 632 Revised: 01/2012 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Hill Dia Mo (20)

**VICTORIA NAMEIKA CHESTER** 

Print or Type Name of Authorized Person

Signature of Authorized Person