

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by December 1

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SECRETARY	OF STATE
LIXPERAT	ONS BIV
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7 Foliary. Additional \$25.55 fee in form is not med by Becomber 1.							
1. Entity ID Number	2. Exact name of the Limited Liability Company						
142201	BNE Realy LLC						
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island						
RI	Property owner						
5. Principal Office Address 37/	rincipal Office Address 371, Child Street			State	02885		
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name MOHAMMAD SIDDIOVI		Contact Title / Yesi Ver					
Street Address 371. Child Steed		City WARREN	State C.	Zip 02885			
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name IRFAN	U HAS	SAN	Manager Name				
Street Address & LOURDES Road		Street Address					
city Somersef	State MA	Zip 02726	City	State	Zip		
Manager Name		Manager Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
	Check the box to indicate an attachment						
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.							
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.							
Name of Authorized Person  MoLamma O SIDDi Ovi				Date 2 2 3	2014		
Signature of Authorized Person .SIGN DOCUMENT HERE							
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MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 22 2016 08 1871

**FILED** 

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