



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company
Annual Report 2016

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. ID No. 000521744

2. Exact Name of the Limited Liability Company B&E REALTY, LLC

3. State of Formation

State: RI

FILED

SEP 23 2016

ARTICLE III

BY 1232 A.A.

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

53

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

REAL ESTATE COMPANY

5. Principal Office Address

No. and Street: 41 WESTERN INDUSTRIAL DRIVE

City or Town: CRANSTON

State: RI Zip: 02921 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 41 WESTERN INDUSTRIAL DRIVE

City or Town: CRANSTON

State: RI Zip: 02921 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Name

EARL FEENEY

Address

Address, City or Town, State, Zip Code, Country

41 WESTERN INDUSTRIAL DRIVE
CRANSTON, RI 02921 USA**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**MARK E. LIBERATI, ESQ. 1536 WESTMINSTER STREET PROVIDENCE , RI 02909**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

The Department of State tracks the number of new business filings on a quarterly and annual basis. By answering the following three voluntary questions, you will help us better present useful trends and information on the health of our economy.

1. (Select all that apply) - Does the business owner self-identify as any of the following:

- Woman
 Veteran
 Disabled
 Member of a socially and economically disadvantaged group (i.e., as defined under the US Small Business Administration's 8(a) Program: Black, Hispanic, Native American, Asian Pacific or Subcontinent Asian American)

2. How many full time employees does the business have:

- 1-5
 6-50
 51-200
 201-500
 Over 500

3. What are the gross revenues for the business for the past year:

- \$0 - \$50,000
 \$51,000 - \$250,000
 \$251,000 - \$500,000
 \$501,000 - \$1,000,000
 Over \$1,000,000

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: MICHAEL LANFREDI

Business Name:

No. and Street: 41 WESTERN INDUSTRIAL DRIVE

City or Town: CRANSTON

State: RI

Zip: 02921

Country: USA

Contact Phone: (401) 228-8586 ext:

Contact Email: michaell@jewelryconcepts.com

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 20 Day of September, 2016 at 10:29:01 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By MICHAEL LANFREDI
Signature of Authorized Person

Make Corrections

Accept

Form No. 632
Revised 09/07

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