(a) Carlon

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2016
Limited Liability Company	

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company						
521786	BGC LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental and	Owns / Operates property in Newport, RI for commercial leasing.						
5. State of Formation	1						
RI							
6. Principal Office Address			City	State	Zip		
747 Aquidneck Avenue			Middletown	RI	02842		
7. Mailing Address of Limited Lia	bility Company	and Name or Title	of Contact Person		.		
Contact Name George Tollefson Contact			Contact Title Property Ma	Contact Title Property Manager			
Street Address P.O. Box 678		City Newport	State RI	^{Zip} 02840			
8. List ALL managers (names ar	nd addresses) of	f the Limited Liabi	lity Company, IF APPLICA	BLE - DO NOT LIST M	EMBERS		
Manager Name	Manager Name						
Street Address			Street Address				
City	State	Zip	C. LEINDER L. L.	√ State _	Zip / 2		
Manager Name		Manager Name					
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
9. Resident Agent in Rhode Islan	d. This informatio	n is currently of rec	ord with the Department of Sta	ite. Changes require filing	Form 642.		
Under penalty of perjury, I dec statements, and that all statem				g any accompanying	schedules and		
Name of Authorized Person			Date	Date			
GEORGE A. TOWEFSON SEPT. 25,2016							
Signature of Authorized Person SIGN DOCUMENT HERE							
C D CHOIN EXCLUSIVE IN THE .							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

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