State of Rhode Island and Providence Plantations -					
( Department of State - Business Services Division					20 70
WHE					R.1
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Annual Report for the year: (1)					<b>→</b> 2500
Limited Liability Company					်ပွဲ
→ Filing period: September 1 - November 1					
→ Filing Fee: \$50.00					PH IZ:
→ Penalty: Additional \$25.00	) fee if form is n	ot filed by Dece	mber 1.		.;; <u>→</u>
,		<b>,</b>			<b>手</b> 阿
1. Entity ID Number	2 Exact name	of the Limited Li	ability Company		
147499		_ \	• • • •	1110	
	Barnford Lakeside Properties LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island  Sensonal Compgrand from May 15th to Sept. 30th each year.				
I XI	1 Se	asonal	Campgrand to	m May	) 151" to
5. State of Formation	1 500	4. 30th p	ach wear.		_
D. T. State of a strington	~	,	9		
K L	1				
6. Principal Office Address			City	State	Zip
960 Tiogre	and		Coventin	RT	0-816
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Contact Title Con					
Contact Name Nick Ba	mford		Property	Moma	ur
Chroni Address -	•		City /	State	Zip O O U
960 110 g	ne avve		1 voientry	KI	1 00-816
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Manager Name					
1 1 . TT W. V. V. V.					
Street Address C			Street Address		
City C	Strin	Zin	Cit.	Chair	T 7:
	SV	Z-n	City	State	Zip
Manager Name	1 1 1 ~ ~	<u> </u>	Manager Name	<u> </u>	
			manago, riamo		
Street Address			Street Address		
	_	_			
City	State	Zip	City	State	Zip
	<u>.                                    </u>	1	1	<u> </u>	<u> </u>
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with 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					ي اي
Carol Bamtard					78116
Signature of Authorized Person () () () ()					
A SOMMENT HERE					
ru En c					

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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