



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year:** 2017

**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.

<b>1. Entity ID Number</b> <b>109137</b>		<b>2. Exact name of the Limited Liability Company</b> <b>Bismarc Properties, LLC</b>		
<b>3. NAICS Code</b> <b>53 - Real Estate and Rental</b> <input type="checkbox"/>		<b>4. Brief description of the character of business conducted in Rhode Island</b> <b>Real estate brokerage and auctioneer services</b>		
<b>5. State of Formation</b> <b>Rhode Island</b>				
<b>6. Principal Office Address</b> <b>222 Chestnut Street</b>		<b>City</b> <b>Providence</b>	<b>State</b> <b>RI</b>	<b>Zip</b> <b>02903</b>
<b>7. Mailing Address of Limited Liability Company and Name or Title of Contact Person</b>				
<b>Contact Name</b> <b>Brenda L. Marchwicki</b>		<b>Contact Title</b> <b>Manager/Owner</b>		
<b>Street Address</b> <b>222 Chestnut Street</b>		<b>City</b> <b>Providence</b>	<b>State</b> <b>RI</b>	<b>Zip</b> <b>02903</b>
<b>8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS</b>				
<b>Manager Name</b> <b>Brenda L. Marchwicki</b>		<b>Manager Name</b>		
<b>Street Address</b> <b>222 Chestnut Street</b>		<b>Street Address</b>		
<b>City</b> <b>Providence</b>	<b>State</b> <b>RI</b>	<b>Zip</b> <b>02903</b>	<b>City</b>	<b>State</b> <b>Zip</b>
<b>Manager Name</b>		<b>Manager Name</b>		
<b>Street Address</b>		<b>Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b> <b>Zip</b>
Check the box to indicate an attachment <input type="checkbox"/>				
<b>9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.</b>				
<b><i>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.</i></b>				
<b>Name of Authorized Person</b> <b>Brenda L. Marchwicki</b>			<b>Date</b> <b>August 29, 2017</b>	
<b>Signature of Authorized Person</b> <span style="float: right;">SIGN DOCUMENT HERE</span>				

**MAIL TO:**

**Division of Business Services**

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

**FILED**

**AUG 30 2017**

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