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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.

4.5 (2.45.4)	<u> </u>	*				1	
1. Entity ID Number	2. Exact name of the Limited Liability Company						
150145	49 Bradford Street, LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
236115							
5. State of Formation	Construction						
Rhode Island							
6. Principal Office Address			City		State	Zip	
49 Bradford Street			Bristol		RI	02809	
<u> </u>						1 02000	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name James P. Tavares			Contact Title President				
Street Address 49 Bradford Street			City Bristol		State RI	^{Zip} 02809	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name N			Manager Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
		•		Chec	k the box to indi	cate 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				Date			
James P. Tavares				09/08/2017			
Signature of Authorized Person SIGN DOCUMENT HERE							

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

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