State of Rhode Island
and Providence Plantations
Department of State – Business Services Division

148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

**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.*

1. ID No.	2. Exact name of the limited liability company	3. NAICS Code
000905604	BEDFORD BUILDERS REMODELING, LLC	236118

4. Brief description of the character of the business which is actually conducted in Rhode Island	5. State of Formation
Building and remodeling services	Massachusetts

6. Principal office address	City	State	Zip
26 Colleen Drive	Seekonk	MA	02771

7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Robert G. Bedford	Manager

Street Address	City	State	Zip
26 Colleen Drive	Seekonk	MA	02771

8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Robert G. Bedford	26 Colleen Drive	Seekonk	MA	02771

Manager Name	Street Address	City	State	Zip

9. RESIDENT AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11Orson and Brusini Ltd.

FILED
OCT 03 2017
BY 14328 DS

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

9/25/2017

Signature of Authorized Person *Date*

Robert G. Bedford, Manager

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 08/08