Si	tate of Rhode Island a Office of the S			DNS Fee: \$50.00
HOPE	148 W. Providence	Business Serv River Street RI 02904-26 222-3040		
Limited Liability Com Annual Report Filing Period: September 1 -				
In accordance with R.I.G.L. to file its annual report within 16-66(b&c)) is subject to a p	n thirty (30) days after the tir			
ANNUAL REPORT YEAR: 2017				
1. ID No. <u>000147499</u>				
2. Exact Name of the Limited Liability Company <u>BAMFORD LAKESIDE PROPERTIES LLC</u>				
3. State of Formation				
State: <u>RI</u>				
ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>531390</u>				
4. Brief Description of the	e Character of the Busines	ss Which is A	ctually Conduct	ed in Rhode Island
OWNERSHIP AND DEVELOPMENT OF REAL ESTATE - CAMPGROUND				
5. Principal Office Addres	38			
	<u>TIOGUE AVENUE</u> / <u>ENTRY</u>	State: <u>RI</u>	Zip: <u>02816</u>	Country: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company a	nd Name or T	Fitle of Contact F	Person:
No. and Street: 960 7	BAMFORD Contact Title: FIOGUE AVENUE ENTRY	State: RI	Zip: 02816	Country: USA
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name First, Middle, Last, Suffiz	< A		Iress State, Zip Code, Country
8. RESIDENT AGENT IN R	HODE ISLAND - DO NOT A			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CAROL BAMFORD</u> <u>960 TIOGUE AVENUE</u> <u>COVENTRY</u>, <u>RI</u> <u>02816</u>

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

Signed this 16 Day of October, 2017 at 2:55:21 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By CAROL BAMFORD

Signature of Authorized Person

Form No. 632 Revised 09/07

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