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.

1. Entity ID Number	2. Exact name of the Limited Liability Company					
000271199	BRU,LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531311	To own and manage real estate					
5. State of Formation						
RI						
6. Principal Office Address			City	State	Zıp	
1150 Douglas Pike			Smithfield	RI	02917	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Barry F. Morrison			Contact Title Vice President-Business Affairs/Treasurer			
Street Address 1150 Douglas Pike			City Smithfield	State RI	^{Zip} 02917	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Barry F. Morrison			Manager Name			
Street Address 1150 Douglas Pike			Street Address			
City Smithfield	State RI	^{Zip} 02917	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		1	·	Check the box to in	dicate 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	Date	
Barry F. Morrison				10/23/1	10/23/17	
Signature of Authorized Person SIGN DOCUMENT HERE						
JUMIN SIGN DOCUMENT HERE						

BY.

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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