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				
912493	BMI, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
53 590	REAL ESTATE				
5. State of Formation	TO OUR RIC O-UN-				
RI	TO OWN, BUY, REHAB, SELL				
6. Principal Office Address	٨.		City	State	Zip
			PROV	P.I	02908
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Nam B. MICHAEL 1221			Contact Title MANAGER		
Street Address 11 NAPLES AVE			cityprov	State R.T	782908
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manage			Manager Name		
Street A.			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	<u> </u>	1		Check the box to in	ndicate an attachment
9. Resident Agent in Rhode Island. This Information is currently of record with the Department of State. Changes require fiting 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					
B. MICH	1221		12/1:	L/17	
Signature of Anthorized Person Michael Sex.					

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov DEC 15 2017

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