

Annual Report for the year: 2018 **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 000150145		2. Exact name of the Limited Liability Company 49 Bradford Street, LLC				
3. NAICS Code 3. 0 15 5. State of Formation Rhode Island	4. Brief des	4. Brief description of the character of business conducted in Rhode Island ConStruction				
6. Principal Office Address 49 Bradford Street			City Bristol	State	Zip 02809	
	d Liability Compa	any and Name o		I	12000	
7. Mailing Address of Limited Liability Company and Name or T Contact Name James P. Tavares			Contact Title President			
Street Address 2 Kyalin Avenue			City Warren	State RI	^{Zip} 02885	
8. List ALL managers (name	es and addresse	s) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to	I indicate an attachment[
9. Resident Agent in Rhode	Island. This inform	nation is currently	of record with the Department of S	State. Changes require fili	ng Form 642.	
Under penalty of perjury, i statements, and that all st			examined this report, include true and correct.	ling any accompanyin	ng schedules and	
Name of Authorized Person				Date	Date	
James P. Tavares				August 15, 2018		
Signature of Authorized Per	son	SIG	N 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 AUG 1 7 2018 OL

FORM 632 - Revised: 10/2017