	State of Rhode Island and Providence Plantations Department of State - Business Services Division
Annua Limite	Il Report for the year: 2018 d 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 o	of the Limited Lia	bility Company		•			
001662696	BIRD F	lealty 1	L.L.C					
NAICS Code 4. Brief description of the character of business conducted in Rhode Isl								
531120 Companiel			Real Estate					
5. State of Formation COW IVI) OF CIAC			11001					
L KT						;		
6. Principal Office Address	Sity .		State	Zip				
5 Maple Valley	Coventi		KI	09816				
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name Eva Bi	Contact Title Manager							
Street Address 377 Was	city West	- Warwick	State RI	Zlp 02893				
8. List ALL managers (names ar	nd addresses) of	he Limited Liabil	ity Company, IF	APPLICABLE - D	O NOT LIST MEI	MBERS		
Manager Name Ken B	Manager Name Eva Bird							
Street Address 5 Maple Va	Street Address 5 Maple Valley Rd							
City Coventry	State R1	02816	city Cove	entry	State R1	Zip 02816		
Maneger Name	Manager Name							
Street Address	Street Address							
City	State	Ži p	City		State	Z ip		
			<u> </u>	Chec	k the box to indi	cate 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 8/3	0/2018						
Signature of Authorized Person RSIGN DE JUMENT 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

