State of Rhode Island and Provider Office of the Secretary of Division Of Business Service 148 W. River Street Providence RI 02904-261 (401) 222-3040	State
148 W. River Street Providence RI 02904-261	
Providence RI 02904-261	ces
(401) 222-3040	5
Limited Liability Company	
Annual Report Filing Period: September 1 - November 1	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company fa	
to file its annual report within thirty (30) days after the time prescribed b	y law (R.I.G.L. 7-
16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR: 2018	
1. ID No. <u>001676973</u>	
2. Exact Name of the Limited Liability Company $\underline{BONNE}$ , LLC	
3. State of Formation	
State: <u>RI</u>	
ARTICLE III	
Enter the six digit NAICS Code that best describes the primary busine the list of codes here. More information on NAICS can be found online.	
<u>531390</u>	
4. Brief Description of the Character of the Business Which is Ac	tually Conducted in Rhode Island
PROPERTY OWNER	
PROPERTY OWNER	
PROPERTY OWNER 5. Principal Office Address	
5. Principal Office Address	
5. Principal Office Address         No. and Street:       9 KILBURN CT	v: <u>02840</u> Country: <u>USA</u>
5. Principal Office Address         No. and Street:       9 KILBURN CT	·
5. Principal Office Address         No. and Street:       9 KILBURN CT         City or Town:       NEWPORT       State: RI       Zip         6. Mailing Address of Limited Liability Company and Name or Tite	·
5. Principal Office Address         No. and Street:       9 KILBURN CT         City or Town:       NEWPORT       State: RI       Zip	
5. Principal Office Address         No. and Street:       9 KILBURN CT         City or Town:       NEWPORT       State: RI         6. Mailing Address of Limited Liability Company and Name or Tit         Contact Name:       TODD BONNE Contact Title:         No. and Street:       177 THOMPSON ST APT 22	le of Contact Person:
5. Principal Office Address         No. and Street:       9 KILBURN CT         City or Town:       NEWPORT       State: RI       Zip         6. Mailing Address of Limited Liability Company and Name or Tit         Contact Name:       TODD BONNE Contact Title:       OWNER         No. and Street:       177 THOMPSON ST       APT 22	
5. Principal Office Address         No. and Street:       9 KILBURN CT         City or Town:       NEWPORT       State: RI         6. Mailing Address of Limited Liability Company and Name or Tit         Contact Name:       TODD BONNE Contact Title:       OWNER         No. and Street:       177 THOMPSON ST       APT 22	le of Contact Person: Zip: <u>10012</u> Country: <u>USA</u>
5. Principal Office Address         No. and Street:       9 KILBURN CT         City or Town:       NEWPORT       State: RI       Zip         6. Mailing Address of Limited Liability Company and Name or Tit         Contact Name:       TODD BONNE Contact Title:       OWNER         No. and Street:       177 THOMPSON ST         APT 22       City or Town:       NEW YORK         State:       NY         7. Name and Address of Each Manager of the Limited Liability C         DO NOT LIST MEMBERS	Ile of Contact Person:         Zip: 10012         Country: USA         ompany, if Applicable.
5. Principal Office Address         No. and Street:       9 KILBURN CT         City or Town:       NEWPORT         State:       RI         Zip         6. Mailing Address of Limited Liability Company and Name or Tit         Contact Name:       TODD BONNE Contact Title:         OWNER         No. and Street:       177 THOMPSON ST         APT 22         City or Town:       NEW YORK         State:       NY         7. Name and Address of Each Manager of the Limited Liability C DO NOT LIST MEMBERS         Title       Individual Name	le of Contact Person: Zip: <u>10012</u> Country: <u>USA</u>

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MARK B. BARDORF <u>36 WASHINGTON SQUARE</u> <u>NEWPORT</u>, <u>RI</u> <u>02840</u>

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

**Signed this 30 Day of November, 2018 at 4:19:36 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 TODD BONNE

Signature of Authorized Person

Form No. 632 Revised 09/07

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