(B)	State of Rhode Island and Providence Plantations Department of State - Business Ser

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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.

	T		_				
Entity ID Number	Exact name of the Limited Liability Company						
442050	BOWATER REALTY, LLC						
3. NAICS Code	4 Brief description of the character of business conducted in Rhode Island						
· 531110	PURCAHSE, MANAGEMENT AND LEASING OF REAL PROPERTY						
5 State of Formation	ate of Formation						
RI							
6. Principal Office Address	* 	· · ·	City	State	Zip		
17 FONES ROAD			NORTH KINGSTOWN	RI	02852		
7. Mailing Address of Limited Lia	bility Compan	y and Name or Title	e of Contact Person	•			
Contact Name CAROLINE M. BO	WATER		Contact Title MEMBER/PRESIDENT				
Street Address 17 FONES ROAD			City NORTH KINGSTOWN	State RI	^{Zip} 02852		
8. List ALL managers (names ar	nd addresses)	of the Limited Liab	ility Company. IF APPLICABLE -	DO NOT LIST ME	MBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zıp	City	State	Zıp		
Manager Name		-	Manager Name				
Street Address		-	Street Address				
City	State	Zip	City	State	Zip		
	•	•	Ch	eck the box to indi	cate an attachment		
9. Resident Agent in Rhode Islan	nd. This informa	tion is currently of rec	ord with the Department of State. Ch	anges require titing F	orm 642.		
Under penalty of perjury, I dec statements, and that all staten	lare and affir nepts contain	m that I have exar ed herein are true	nined this report, including any and correct.	accompanying s	chedules and		
Name of Authorized Person Date ,							
CAROLINE M. BOWATER (aroline bouch 2/4/2019							
Signature of Authorized Person SIGN DOCUMENT HERE							

Services Division

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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