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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2010**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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company						
111018	BHK RENLTY, LCC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
531311	Real Eslate management						
1	5. State of Formation						
RI							
6. Principal Office Address	·	. <u> </u>	City	State	Zip		
536 THAMES STREET			NEWPORT	RI	0251/0		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Potrick	k Konsoly Contact Title / UKR						
Street Address 18 Everti	,		City Lew god	Staff	ZIP CLES YO		
8. List ALL managers (names and addresses) of the Limited Liability Company. F APPLICABLE - DO NOT LIST MEMBERS							
Manager Name P	KERM	Manager Name					
Street Address Z V& Ev	oris Ave		Street Address				
City Newert	State	ZipODSKO	City	State	Zıp		
Manager Name Manager Name					· ' · · · · · · · · · · · · · · · · · · 		
Street Address			Street Address				
City	State	Z _' p	City	State	Zıp		
	·	<u> </u>	Ch	eck the bax to ind	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							
C PATRICK CONNESSY 5/6/19							
Signature of Authorized Person							
				門上司			
MAIL TO:							
IAIL TO: ivision of Business Services 48 W River Street, Providence, Rhode Island 02904-2615 hone: (401) 222-3040 /ebsite: www.sos.ri.gov							
Phone: (401) 222-3040							
Website: www.sos.ri.gov		BY Che Fosi					