



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Limited Liability Company

FILED

JUL 01 2019

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1

or

1130

1. Entity ID Number <u>001664933</u>		2. Exact name of the Limited Liability Company <u>BRON PROPERTIES LLC</u>			
3. NAICS Code <u>531110</u>		4. Brief description of the character of business conducted in Rhode Island <u>BRON PROPERTIES LLC is in the business of renting apartments.</u>			
5. State of Formation <u>Rhode Island</u>					
6. Principal Office Address <u>1 & 3 PRINCETON ST.</u>		City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Peter Ferberger</u>		Contact Title <u>Single Member</u>			
Street Address <u>43 Merton Rd.</u>		City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - 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 indicate an attachment <input type="checkbox"/>					
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 <u>Peter B. Ferberger</u>				Date <u>6/28/17</u>	
Signature of Authorized Person <u>Peter B. Ferberger</u>					

MAIL TO:

Division of Business Services
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