s s	tate of Rhode Island and Pro Office of the Secret		NS Fee: \$50.00
HOPE	Division Of Busines 148 W. River S Providence RI 029 (401) 222-30	Street 04-2615	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time prese penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2019		
1. ID No. <u>001063600</u>			
2. Exact Name of the Limited Liability Company $\underline{BNA \ GROUP \ LLC}$			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
0	Code that best describes the primary e information on <u>NAICS</u> can be found		the entity. Download
4. Brief Description of th	e Character of the Business Whic	h is Actually Conducte	d in Rhode Island
ACCOUNTING AND F	ROPERTY MANAGEMENT SE	<u>RVICES</u>	
5. Principal Office Addre	SS		
	OASTWIND DRIVE STERLY Sta	te: <u>RI</u> Zip: <u>02891</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
	ABONTE Contact Title: MEMBER OASTWIND DRIVE		
City or Town: WES	TERLY Stat	e: <u>RI</u> Zip: <u>02891</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addr	
	First, Middle, Last, Suffix	Address, City or Town, S	tate, Zip Code, Country
8. RESIDENT AGENT IN I	RHODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ADAM N. LABONTE 27 COASTWIND DRIVE WESTERLY, RI 02891

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

Signed this 22 Day of August, 2019 at 8:08:18 AM 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 ADAM LABONTE

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2019 State of Rhode Island and Providence Plantations All Rights Reserved