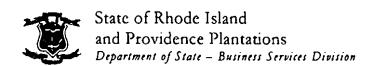
RI SOS Filing Number: 201924908830 Date: 10/18/2019 4:00:00 PM



148 W. River Street Providence, RI 02904-2615 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2019

Filing Period: September 1 - November 1 - Filing Fee: \$50.00\* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\*In accordance with R.I.G.1. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

. ID No. 000905604	2. Exact name of the limited liability company BEDFORD BUILDERS REMODELING, LLC			3. NAIC 234	S Code
	of the character of the busin emodeling services		cted in Rhode Island	5. State of Formation Massachusetts	
6. Principal office address 26 Colleen Drive			City Seekonk	State MA	Zip 02771
7. MAILING ADDI Contact Name Robert G. Bed	· · · · · · · · · · · · · · · · · · ·	ILITY COMPANY AND	NAME OR TITLE OF CONTA  Contact Title  Manager	CT PERSON:	
Street Address 26 Colleen Drive			City Seekonk	State MA	7.ip 02771
8. NAME AND ADD  Manager Name Robert G. Bei	FILL IN SPACE	GER OF THE LIMITED S BEFORE USING ATT.	LIABILITY COMPANY, IF AF ACHMENTS ("X" BOX FO Manager Name	PLICABLE - <u>DO NOT</u> or attachment)	LIST MEMBER
Street Address 26 Colleen Drive			Street Address		
City Seekonk	State MA	2 <i>ip</i> 02771	City	State	Zip
Manuger Name			Manager Name		
Street Address			Street Address		
	State	Zip	City	State	Zip
City	37011	l T			,

FILED KM

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

BY_	1594
File Date	
Check No	
By:	- · - · · · · · · · · · · · · · · · · ·

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 free and correct.

Signature of Authorized Person

Date

Robert G. Bedford, Manager