

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019 OCT 30 AM 11: 45

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Annual Report for the year: 2019 **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.

1. Entity ID Number 001288428		2. Exact name of the Limited Liability Company CHARLES BERGERON LLC				
3. NAICS Code 238990		Brief description of the character of business conducted in Rhode Island SWIMMING POOL INSTALLATIONS				
5. State of Formation RHODE ISLAND						
6. Principal Office Address 230 PHENIX AVENUE			City CRANSTON	State RI	Zip 02920	
7. Mailing Address of Limite	ed Liability Compa	any and Name o	r Title of Contact Person			
Contact Name CHARLES BERGERON			Contact Title MEMBER			
Street Address 230 PHENIX AVENUE			City CRANSTON	State RI	Z _{IP} 02920	
8. List ALL managers (nan	nes and addresse	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
Cily	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<u>I</u>			Check the box to	indicate an attachment	
9. Resident Agent in Rhode	e Island, This inforr	mation is currently	of record with the Department of Sta	te. Changes require fili	ng Form 642.	
Under penalty of perjury, statements, and that all s			examined this report, including true and correct.	g any accompanyin	ng schedules and	
Name of Authorized Person CHARLES BERGERON				Date OCTOBER 18, 2019		
Signature of Authorized Re	Beice	SIG	N DOCUMENT HERE	1		

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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FORM 632 - Revised: 10/2017