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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.

Ord
SECUSTARY OF STATE
USE DIL Y

1. Entity ID Number	2. Exact name of the Limited Liability Company					
1679248	BDMA, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53 11 ID	To buy, sell, and manage residential real property					
5. State of Formation						
RI						
6. Principal Office Address			City	State	Zip	
26 TRUMAN AVENUE			WARREN	RI	02885	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name RENETTE PARISEAU-WHITTY			Contact Title MEMBER			
Street Address 26 TRUMAN AVENUE			City WARREN	State RI	<sup>Zip</sup> 02885	
8. List ALL managers (names an	d addresses) of	the Limited Liabil	ity Company, IF APPLIC	ABLE - DO NOT LIST N	IEMBERS	
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						
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 Date						
RENETTE PARISEAU-WHITTY						
Signature of Authorized Person  WashingCUMENT HERE						

FILED

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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