

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

FILED

OCT 20 2020

BY

Annual Report for the year: 2020  
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 <b>75091</b>		2. Exact name of the Limited Liability Company <b>Bearentail Properties LLC</b>	
3. NAICS Code <b>531311</b>		4. Brief description of the character of business conducted in Rhode Island <b>Acquire, develop, lease, sell or otherwise deal in real estate</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>23 Catlin Ave</b>		City <b>Rumford</b>	State <b>RI</b>
		Zip <b>02916</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Paula McNamara</b>		Contact Title <b>Reg Agent</b>	
Street Address <b>23 Catlin Ave</b>		City <b>Rumford</b>	State <b>RI</b>
		Zip <b>02916</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <b>Colleen Cegaris</b>		Manager Name <b>Terrence Murray</b>	
Street Address <b>42 Kensington Rd</b>		Street Address <b>27 Ellet St</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Jamaica Plain</b>	State <b>Ma</b>
Zip <b>02905</b>		Zip <b>02130</b>	
Manager Name <b>Megan Craigien</b>		Manager Name <b>Christopher Murray</b>	
Street Address <b>15 Paulsen Rd</b>		Street Address <b>331 East 8th Apt 3</b>	
City <b>Wellesley</b>	State <b>Ma</b>	City <b>New York</b>	State <b>NY</b>
Zip <b>02482</b>		Zip <b>10009</b>	
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 <b>Paula Murray McNamara</b>		Date <b>10/14/20</b>	
Signature of Authorized Person <b>Paula M. Nam</b>			

## MAIL TO:

Division of Business Services  
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