	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>00054234</u>	<u>5</u>		
2. Exact Name of the Li	mited Liability Company <u>A. BAIL</u>	EY'S LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
	Code that best describes the primary e information on <u>NAICS</u> can be found	-	ne entity. Download
445299			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted	in Rhode Island
THE HOLDING OF RE	AL ESTATE.		
5. Principal Office Addre			
on molpar onice maare	SS		
No. and Street: <u>536 F</u>	ALL RIVER AVENUE	te: <u>MA</u> Zip: <u>02771</u>	Country: <u>USA</u>
No. and Street: <u>536 F</u> City or Town: <u>SEEk</u>	ALL RIVER AVENUE		·
No. and Street:536 FCity or Town:SEEk6. Mailing Address of LineContact Name:ContactNo. and Street:536 F	ALL RIVER AVENUE CONK Star mited Liability Company and Name Title: ALL RIVER AVENUE	or Title of Contact Per	son:
No. and Street: <u>536 F</u> City or Town: <u>SEEk</u> 6. Mailing Address of Lin Contact Name: Contact	ALL RIVER AVENUE CONK Star mited Liability Company and Name Title: ALL RIVER AVENUE		·
No. and Street:536 FCity or Town:SEEK6. Mailing Address of LinContact Name:ContactNo. and Street:536 FCity or Town:SEEK	ALL RIVER AVENUE KONK Star mited Liability Company and Name Title: ALL RIVER AVENUE CONK Stat GONK Stat	e: <u>MA</u> Zip: <u>02771</u>	son: Country: <u>USA</u>
No. and Street:536 FCity or Town:SEEk6. Mailing Address of LinContact Name:ContactNo. and Street:536 FCity or Town:SEEK7. Name and Address of	ALL RIVER AVENUE KONK Star mited Liability Company and Name Title: ALL RIVER AVENUE CONK Stat GONK Stat	e: <u>MA</u> Zip: <u>02771</u>	son: Country: <u>USA</u> cable.

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

<u>GIOVANNI D. CICIONE, ESQ.</u> <u>CAMERON & MITTLEMAN LLP</u> <u>301 PROMENADE STREET</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02908</u>

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

Signed this 27 Day of October, 2020 at 2:08:40 PM 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 <u>GIOVANNI D CICIONE ESQ</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved