



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

2020

FILED

Annual Report for the year: \_\_\_\_\_

Limited Liability Company

→ Filing period: September 1 - November 1

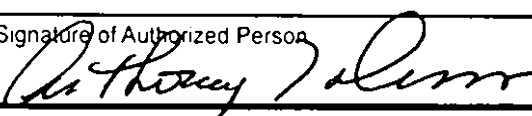
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------|----------------------------------------|
| 1. Entity ID Number<br><b>146175</b>                                                                                                                                                                        |                    | 2. Exact name of the Limited Liability Company<br><b>BACCHUS PROPERTIES, LLC</b>                              |                                  |                           |                                        |
| 3. NAICS Code<br><b>531311</b>                                                                                                                                                                              |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real estate management.</b> |                                  |                           |                                        |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |                    |                                                                                                               |                                  |                           |                                        |
| 6. Principal Office Address<br><b>641 Maple Avenue</b>                                                                                                                                                      |                    | City<br><b>Barrington</b>                                                                                     |                                  | State<br><b>RI</b>        | Zip<br><b>02806</b>                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                    |                                                                                                               |                                  |                           |                                        |
| Contact Name<br><b>Stephen J. DiGianfilippo, Esq.</b>                                                                                                                                                       |                    |                                                                                                               | Contact Title<br><b>Attorney</b> |                           |                                        |
| Street Address<br><b>50 Park Row West, Suite 111</b>                                                                                                                                                        |                    |                                                                                                               | City<br><b>Providence</b>        |                           | State<br><b>RI</b> Zip<br><b>02903</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                    |                                                                                                               |                                  |                           |                                        |
| Manager Name<br><b>Anthony Demers</b>                                                                                                                                                                       |                    |                                                                                                               | Manager Name                     |                           |                                        |
| Street Address<br><b>641 Maple Avenue</b>                                                                                                                                                                   |                    |                                                                                                               | Street Address                   |                           |                                        |
| City<br><b>Barrington</b>                                                                                                                                                                                   | State<br><b>RI</b> | Zip<br><b>02806</b>                                                                                           | City                             | State                     | Zip                                    |
| Manager Name                                                                                                                                                                                                |                    |                                                                                                               | Manager Name                     |                           |                                        |
| Street Address                                                                                                                                                                                              |                    |                                                                                                               | Street Address                   |                           |                                        |
| City                                                                                                                                                                                                        | State              | Zip                                                                                                           | City                             | State                     | Zip                                    |
| 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.                                                                   |                    |                                                                                                               |                                  |                           |                                        |
| <b>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.</b> |                    |                                                                                                               |                                  |                           |                                        |
| Name of Authorized Person<br><b>Anthony Demers</b>                                                                                                                                                          |                    |                                                                                                               |                                  | Date<br><b>10/13/2020</b> |                                        |
| Signature of Authorized Person<br> SIGN DOCUMENT HERE                                                                    |                    |                                                                                                               |                                  |                           |                                        |

MAIL TO:

Division of Business Services

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