State of Rhode Island Office of the Secretary of State       Fer: \$50.0         Division Of Business Services Law Revorts Street Providence RI 02904-2615 (401) 222-3040       Secretary of State         Limited Liability Company Annual Report Filing Period September 1 - November 1       In accordance with RI.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (RI.G.L. 7- 16-66(bkc)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2020       In DNO: 000575203         2. Exact Name of the Limited Liability Company BKDB LLC         3. State of Formation State: RI       ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes berg, More information on NAICS can be found unline.         551112       ARTICLE III         Charles Advino for the Character of the Business With La Actually Conducted in Rhode Island the list of Code that best describes the primary business conducted by the entity. Download the list of Code that best describes the primary business conducted by the entity. Download the list of Code that best describes the primary business conducted in Rhode Island the list of Code that best describes the primary business conducted by the entity. Download the list of Code that best describes the primary business conducted in Rhode Island the list of Code that best describes the primary business conducted by the entity. Download the list of Code that best describes the primary business conducted by the entity. Download the list of Code that best describes the strence the strence the strence the strence the strence the stre
I48 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2020         1. ID No.       000575203         2. Exact Name of the Limited Liability Company BKDB LLC         3. State of Formation State: RI         ATTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         551112         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         HOLDING COMPANY         5. Principal Office Address         No. and Street:       191 MEADOW TREE FARM ROAD City or Town:       SalunDERSTOWN       State: RI       Zip: 02874       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       WILLIAM ULMSCHNEIDER Contact Title:       MANAGING PARTNER No. and Street:       191 MEADOW TREE FARM ROAD City or Town:       State: RI       Z
(401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(68(c)), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(68(c)) is subject to a panalty fee of \$25:00.         ANNUAL REPORT YEAR: 2020         1. ID No. 000575203         2. Exact Name of the Limited Liability Company BKDB LLC         3. State of Formation         State: RI         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.         551112         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         HOLDING COMPANY         State: RI Zip: 02874 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: WILLAM ULMSCHNEIDER Contact Title: MANAGING PARTNER No. and Street: 191 MEADOW TREE FARM ROAD City or Town: SAUNDERSTOWN       State: RI Zip: 02874 Country: USA         State: RI Zip: 02874 Country: USA         6. Mailing Address of Limited Liability Company and Name
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No. and Street: City or Town:191 MEADOW TREE FARM ROAD SAUNDERSTOWNState: RIZip:02874Country: USA6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:MANAGING PARTNERContact Name: No. and Street: City or Town:WILLIAM ULMSCHNEIDER Contact Title: 191 MEADOW TREE FARM ROAD SAUNDERSTOWNMANAGING PARTNERT. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
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Title         Individual Name         Address           First Middle Least Outfine         Address         Address
First, Middle, Last, Suffix         Address, City or Town, State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

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

MICHAEL F. SWEENEY, ESQ. 321 SOUTH MAIN STREET, 4TH FLOOR PROVIDENCE, RI 02903

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

**Signed this 5 Day of November, 2020 at 11:05:49 AM 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 WILLIAM ULMSCHNEIDER

Signature of Authorized Person

Form No. 632 Revised 09/07

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