***			es Division	CEIVED T. OF STATE			
innual Report for th	e vear: 2020		R.1. DEP	T. OF STATE SVCS DIV		}	
imited Liability Con		····			2 x	,	
→ Filing period: Septem		r 1	2020 DEC -	-4 PH12:19	23 (-	
→ Filing Fee: \$50.00 → Penalty: Additional \$2	5.00 foo if form is	not filed by Doce	ombor 1	_)C:	두집 .	
-7 Ferially. Additional \$2	5.00 fee a form is	not liled by Deck	ember t.		- SV	.i.e	
1. Entity ID Number	2. Exact nam	2. Exact name of the Limited Liability Company					
000819728	BP Enterpris	BP Enterprises LLC A Brief description of the character of huminous conducted in Bhode Island					
3. NAICS Code	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island					
531311	Ownership a	Ownership and Management of Real Estate					
5. State of Formation						ŀ	
Rhode Island							
6. Principal Office Address	<u></u>		City	State	Ζip		
54 Nooseneck Hill Road			Exeter	પ્ર	02822		
7. Mailing Address of Limited Liability Company and Name or Title			tle of Contact Person			\dashv	
Contact Name Benjamin Phillips			Contact Title Manager		-		
			 	State RI	Zin	\dashv	
Street Address 254 Nooseneck Hill			City Excter	<u> </u>	Zip 02822	_	
8. List ALL managers (nam		of the Limited Lia		CABLE - DO NOT LIST	MEMBERS	4	
Manager Name Benjamin Ph	illips		Manager Name Mary I	Phillips		- 1	
Street Address 254 Nooscnee	k Hill Road	· · · · · · · · · · · · · · · · · · ·	Street Address 251 No	oseneck Hill Road		\Box	
City Exeter	State RI	Z ₁ p 02822	City Exeter	State Ri	Zip 02822	\dashv	
Manager Name			Manager Name			\dashv	
Street Address				·····		_	
onest vooiess			Street Address				
City	State	Zip	City	State	Zip		
				Check the box to	Iindicate an attachment		
9. The Resident Agent infor	mation currently of	record with the R	I Department of State is a				
Under penalty of perjury,				ding any accompanyin	g schedules and	\Box	
statements, and that all st Name of Authorized Person		ed nerein are tru	ie and correct.	Date			
Benjamin Phillips	7			10	1960 .		
Signature of Authorited Per	son						
181	1				3	, E	
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MAIL TO:					τ	J č	
Division of Business Servi		02004 264E	•	II ED	ក្	. ^ર	
I48 W. River Street, Provide Phone: (401) 222-3040	rice, knode island	UZ UU- Z015	r	ILED	•	<u> </u>	
Website: www.sos.ri.gov			חנ	C 0 4 2020	•	_	
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) vc		FORM 632 - Revised: 08	/2020	
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