



State of Rhode Island

Départment of State - Business Services Division

Annual Report for the year: 2019

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 001662531		2. Exact name of the Limited Liability Company BRIDGE VIEW LLC			
3. NAICS Code 531120		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 150 CONANICUS AVENUE		City JAMESTOWN		State RI	Zip 02835
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name KEVIN SULLIVAN			Contact Title MEMBER		
Street Address 35 HARRISON AVE		City NEWPORT		State RI	Zip 02840
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name KEVIN SULLIVAN			Manager Name		
Street Address 35 HARRISON AVENUE			Street Address		
City NEWPORT	State R.I.	Zip 02840	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 KEVIN SULLIVAN				Date 2/16/2021	
Signature of Authorized Person 					

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MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

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