



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2021**

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.

FILED *ST. CL.*

SEP 07 2021

BY *[Signature]*

1. Entity ID Number 001714029		2. Exact name of the Limited Liability Company 109 BONNIEFIELD LLC			
3. NAICS Code 522310		4. Brief description of the character of business conducted in Rhode Island HOLD AND IMPROVE FOR REAL ESTATE RENTAL / AND OR SALE			
5. State of Formation RI					
6. Principal Office Address 109 BONNIEFIELD DRIVE		City TIVERTON	State RI	Zip 02878	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ROBERT DUGGAN		Contact Title			
Street Address 3465 N PINES WAY STE 104 PMB 143		City WILSON	State WY	Zip 83014	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name MARY E WEBER		Manager Name ROBERT DUGGAN			
Street Address 3050 NORTH BLUE SPRUCE LANE		Street Address 3050 NORTH BLUE SPRUCE LANE			
City WILSON	State WY	Zip 83014	City WILSON	State WY	Zip 83014
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.					
<i>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.</i>					
Name of Authorized Person ROBERT DUGGAN			Date 9/3/21		
<i>[Signature]</i>					

MAIL TO:

Division of Business Services

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