State of Rhode Island
Department of State - Business Services Division

FILED STAMP
SEP 07 2021
BY

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company
001714029	**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	City	State	Zip
109 BONNIEFIELD DRIVE	TIVERTON	RI	02878

7 Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
ROBERT DUGGAN			
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.

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	Date
ROBERT DUGGAN	9/3/21
Signature of Authorized Person	

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov