State of Rhode Island
**Department of State - Business Services Division**

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**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.

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company |
|---|---|
| **001678001** | **Bermita LLC** |
| 3. NAICS Code<br>541511 | 4. Brief description of the character of business conducted in Rhode Island<br>DESIGN AND PROGRAMMING OF ELECTRONIC SYSTEMS. |
| 5. State of Formation<br>Rhode Island | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 39 E Orchard Ave | Providence | RI | 02906 |

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

| Contact Name | Contact Title | | |
|---|---|---|---|
| Mitch Berkson | | | |
| Street Address: 39 E Orchard Ave | City: Providence | State: RI | Zip: 02906 |

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

| Manager Name | | | Manager Name | | |
|---|---|---|---|---|---|
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

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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 |
|---|---|
| Mitch Berkson | 7/14/2021 |

Signature of Authorized Person: Mitchell Berkson

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

FILED
SEP 07 2021
BY D158B
A.A. 2:30 p.m.

FORM 632 - Revised: 08-2020