RI SOS Filing Number: 202101249630 Date: 9/10/2021 4:00:00 PM

| HOPE |
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State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2021 **Limited Liability Company**

SEP 1 0 2021

→ 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 001678969 | i | 2. Exact name of the Limited Liability Company BRETCO Realty, LLC | | | | | |
|--|--|---|---|---------------------------------|------------------------|--|--|
| 3. NAICS Code 531390 | | Brief description of the character of business conducted in Rhode Island other activites related to real estate | | | | | |
| 5. State of Formation RI | | | | | | | |
| 6. Principal Office Address | Principal Office Address | | | State | Zip | | |
| 315 Blackrock Road | | | Coventry | RI | 02816 | | |
| 7. Mailing Address of Limit | | any and Name o | r Title of Contact Person | | | | |
| Contact Name Denise M. Hattoy | | | Contact Title Authorized | Contact Title Authorized Person | | | |
| Street Address 315 Blackrock Road | | | City Coventry | State RI | ^{Zip} 02816 | | |
| 8. List ALL managers (nar | nes and addresses | s) of the Limited | Liability Company, IF APPLICA | ABLE - DO NOT LIST | MEMBERS | | |
| Manager Name | | | Manager Name | Manager Name | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | Zip | City | State | Zip | | |
| Manager Name | | | Manager Name | Manager Name | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | Zip | City | State | Zip | | |
| | | | | Check the box to | indicate an attachment | | |
| 9. The Resident Agent info | ormation currently o | of record with the | e RI Department of State is acc | urate. Changes requi | re filing Form 642. | | |
| Under penalty of perjury, statements, and that all s | , I declare and affi statements conta | irm that I have ined herein are | examined this report, including true and correct. | ng any accompanyir | ng schedules and | | |
| Name of Authorized Person | | | | Date | | | |
| Gene M. Carlino, Esq. | | | | 8/31/2 | 8/31/2021 | | |
| Signature of Authorized Pe | eisen | $\overline{}$ | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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