



State of Rhode Island  
Department of State - Business Services Division

**FILED STAMP**

SEP 14 2021

BY 2215  
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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 <u>001692531</u>		2. Exact name of the Limited Liability Company <u>BRIDGE GROUP LLC</u>			
3. NAICS Code <u>53110</u>		4. Brief description of the character of business conducted in Rhode Island <u>Real Estate Rentals</u>			
5. State of Formation <u>Delaware</u>					
6. Principal Office Address <u>2204 BROAD Street</u>		City <u>Cranston</u>	State <u>RI</u>	Zip <u>02905</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Mona Albanese</u>		Contact Title <u>Manager</u>			
Street Address <u>2204 BROAD Street</u>		City <u>Cranston</u>	State <u>RI</u>	Zip <u>02905</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>MONA Albanese</u>		Manager Name			
Street Address <u>2204 BROAD Street</u>		Street Address			
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02905</u>	City	State	Zip
Manager Name <u>Anthony Albanese</u>		Manager Name			
Street Address <u>2204 BROAD Street</u>		Street Address			
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02905</u>	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 <u>Mona Albanese</u>				Date <u>8/31/21</u>	
Signature of Authorized Person <u>Mona Albanese</u>					

**MAIL TO:**  
Division of Business Services  
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