State of Rhode Island
Department of State - Business Services Division

FILED
OCT 27 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		
001692930	BMA, LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
722410	OPERATING A COCKTAIL BAR		
5. State of Formation			
RI			
6. Principal Office Address	City	State	Zip
1 West Exchange Street	Providence	RI	02903
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name MARCELINO ABOU ALI	Contact Title Member		
Street Address 10 Park Row West, Apartment 240	City Providence	State RI	Zip 02903

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

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
MARCELINO ABOU ALI	10/8/2021
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