



State of Rhode Island
Department of State - Business Services Division

Stamp

Annual Report for the year: _____
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 001704303		2. Exact name of the Limited Liability Company B + S Property Management, LLC			
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island Vacation rental property			
5. State of Formation RI					
6. Principal Office Address 131 S. Shore Rd.		City Webster	State MA	Zip 01570	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Sandy Lorenz		Contact Title owner			
Street Address 131 S. Shore Rd.		City Webster	State MA	Zip 01570	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name William Lorenz		Manager Name			
Street Address 131 S. Shore Rd.		Street Address			
City Webster	State MA	Zip 01570	City	State	Zip
Manager Name Sandra Lorenz		Manager Name			
Street Address Same as above		Street Address			
City	State	Zip	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					
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 Sandra Lorenz				Date 9/30/21	
Signature of Authorized Person Sandra Lorenz					

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

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BY: 1260