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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.

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BY_		2	US95)

1 Entity ID Number 000911496	2. Exact name of the Limited Liability Company BVL, LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
541890	Business networking.						
5. State of Formation	7						
Rhode Island							
6. Principal Office Address			City	State	Zip		
3 Johnson Avenue			Johnston	RI	02919		
7. Mailing Address of Limited L		and Name or Tit		<u></u>	· · · · · · · · · · · · · · · · · · ·		
Contact Name Stephen J. DiGianfilippo, Esq.			Contact Title Attorney				
Street Address 50 Park Row West, Suite 111			City Providence	State RI	^{Zip} 02903		
8. List ALL managers (names		of the Limited Lia			MEMBERS		
Manager Name Vincent D. Brown, Jr.			Manager Name Lizzabeth Brown				
Street Address 3 Johnson Avenue			Street Address 3 Johnson Avenue				
City Johnston	State RI	Z ₁ p 02919	City Johnston	State RI	^{Zip} 02919		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	<u> </u>		<u> </u>	Check the box to i	ndicate an attachment		
9. Resident Agent in Rhode Isl	and This informat	ion is currently of re	ecord with the Department of Sta	ite, Changes require filir	ng Form 642.		
Under penalty of perjury, I do statements, and that all state			•	g any accompanyin	g schedules and		
Name of Authorized Person				Date			
Vincent D. Brown, Jr.				11-3	3-21		
Signature of Authorized Person	7	SIGN E	OCCUMENT HERE				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov