



State of Rhode Island
Department of State - Business Services Division

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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STAMP

FOR
RECORD ONLY
USE ONLY

1. Entity ID Number 000575366		2. Exact name of the Limited Liability Company BMF LLC			
3. NAICS Code 531210		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE AGENT AND BROKER			
5. State of Formation RI					
6. Principal Office Address 57B SHORE ROAD		City WESTERLY		State RI	Zip 02891
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name BENJAMIN FAUBERT			Contact Title MEMBER		
Street Address 57B SHORE ROAD			City WESTERLY	State RI	Zip 02891
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 BENJAMIN FAUBERT				Date 12/10/21	
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

FILED

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