



State of Rhode Island

Department of State - Business Services Division,

Annual Report for the year: 2017
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

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
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
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

DEC 10 2021