	State of Rhode Office of the Secret		tate	Fee: \$50.00
HOPE	Division Of Busines 148 W. River S Providence RI 029 (401) 222-30	Street 904-2615	5	
Limited Liability Compar Annual Report Filing Period: February 1 - May				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2022				
1. ID No. <u>000152059</u>				
2. Exact Name of the Limited Liability Company <u>B.O.P WARWICK, L.L.C.</u>				
3. State of Formation				
State: <u>RI</u>				
ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>531110</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
REAL ESTATE AND RELATED ACTIVITIES, SEE ARTICLES OF ORGANIZATIONS				
5. Principal Office Address				
No. and Street:2112 ELNCity or Town:WARWIG	<u>IWOOD AVENUE</u> <u>CK</u> S	State: <u>RI</u>	Zip: <u>02888</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: Contact Title No. and Street: <u>2112 ELN</u> City or Town: <u>WARWIC</u>	IWOOD AVENUE	tate: <u>RI</u>	Zip: <u>02888</u>	Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
BETH HAYES 2112 ELMWOOD AVENUE WARWICK, RI 02888				
8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				

Signed this 11 Day of July, 2022 at 10:49:36 AM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By <u>BETH HAYES</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2022 State of Rhode Island All Rights Reserved