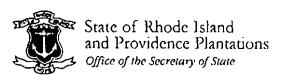
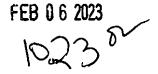
RI SOS Filing Number: 202327958420 Date: 2/6/2023 4:00:00 PM





A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2023

Filing Period: September 1 - November 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

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.

1 ID No. 293796	2. Exact name of the limit BVF REALTY, LLC	name of the limited Hability company REALTY, LLC 53110					
3. State of Formation Rhode Island	4. Brief descripti OWN, mana	on of the character of the lige, buy, lease, sell	nistness which is actually conducted in land otherwise deal in real	ss which is actually conducted in Rhode Island d otherwise deal in real estate			
5. Principal office address 42 Granite Street			City Westerly	State RI	<i>гір</i> 02891		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND Contact Name William A. Nardone			D NAME OR TITLE OF CONTACT PERSON: Contact Title Agent				
Street Address 42 Granite Street			Gity Westerly	State RI	<i>Σφ</i> 02891		
7. NAME AND ADDE			ED LIABILITY COMPANY, IF A ING ATTACHMENTS ("X" BO		LIST MEMBERS		
Manager Name			Manager Name	Manager Name			
Sirvet Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT This information is cu		Office of the Secretary	of State. Changes require filing	of Form 642 - R.I.G.L. 7-1	6-11		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	
Check No.	
Ву:	<u> </u>
F	OR SECRETARY OF STATE USE ONLY

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.

ngure of Authorized Person Dut

Print or Type Name of Authorized Person