	State of F	Rhode Isla	nd	Fee: \$50.00
Office of the Secretary of State				
Division Of Business Services				
148 W. River Street Providence RI 02904-2615				
1636		KI 02904-20 222-3040	015	
Limited Liability (Annual Report Filing Period: Februa	ary 1 - May 1	11-1-111	6-11/	
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: <u>2023</u>			
1. ID No. <u>00170</u>	1192			
2. Exact Name of the Limited Liability Company $\underline{B \& N LLC}$				
3. State of Format	on			
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>531120</u>				
4. Brief Description Island	of the Character of the Busine	ess Which is	s Actually Cond	ucted in Rhode
COMMERCIAL R	EAL ESTATE			
5. Principal Office	Address			
No. and Street:	<u>168 PUTNAM PIKE</u>			
City or Town:	JOHNSTON	State: <u>RI</u>	Zip: <u>02919</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
	LLIAM FALLON Contact Title:	MEMBER		
No. and Street: City or Town:	<u>168 PUTNAM PIKE</u> JOHNSTON	State: <u>RI</u>	Zip: <u>02919</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				
WILLIAM FALLON 15 LINCOLN DRIVE NORTH SMITHFIELD , RI 02896				

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

Signed this 29 Day of March, 2023 at 11:06:34 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>WILLIAM FALLON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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