

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023 Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE
BUS SVCS DIV

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Entity ID Number	2. Exact name of the Limited Lia	bility Company		
i '	<u> </u>			
000575366	BMFLLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
531210	Real Estate Agent and Broker			
5. State of Formation] ' '			
RI				
6. Principal Office Address	<u> </u>	City	State	Zip
57B SHOLE LO		WESTERY	RI	62891
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
BeNJAMIN	FAUBERT	member		
Street Address		City	State	Zip
57B SHORE	e ro	WESTERLY	RI	02891
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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			Date	
MARIA TURANO CPA			10 30 23	
Signature of Authorized Person				
Marathurowell				

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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