RI SOS Filing Number: 202444888660 Date: 1/25/2024 4:00:00 PM

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## State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

| FILEDTANTP  |
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| JAN 25 2024 |
| BY          |

| 1. Entity ID Number 1766908                                                                           |                                     | 2. Exact name of the Limited Liability Company 61 Bertram LLC  4. Brief description of the character of business conducted in Rhode Island Own a boat |                      |                      |  |
|-------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|--|
| 3. NAICS Code<br>33661                                                                                |                                     |                                                                                                                                                       |                      |                      |  |
| 5. State of Formation                                                                                 |                                     |                                                                                                                                                       |                      |                      |  |
| 6. Principal Office Addres                                                                            | s                                   | City                                                                                                                                                  | State                | Zip                  |  |
| 255 Rumstick Road                                                                                     |                                     | Barrington                                                                                                                                            | RI                   | 02806                |  |
| 7. Mailing Address of Lim                                                                             | ited Liability Company and Name     | or Title of Contact Person                                                                                                                            |                      |                      |  |
| 2ontact Name Scott Edwards                                                                            |                                     | Contact Title Manager                                                                                                                                 |                      |                      |  |
| Street Address 255 Rumtick Road                                                                       |                                     | City Barrington                                                                                                                                       | State RI             | <sup>Zip</sup> 02806 |  |
| 8. The Resident Agent inf                                                                             | ormation currently of record with t | the RI Department of State is accu                                                                                                                    | rate. Changes requir | e filing Form 642.   |  |
|                                                                                                       |                                     | ave examined this report, includ                                                                                                                      | ling any accompany   | ying schedules and   |  |
| Statements, and that all statements contained herein are true and correct.  Name of Authorized Person |                                     |                                                                                                                                                       | Date                 |                      |  |
| Scott Edwards                                                                                         |                                     | 1-15-24                                                                                                                                               |                      |                      |  |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov