

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024 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.

					71
1. Entity ID Number	2. Exact name of the Limited Lia	bility Compan	у		
000 797 895	BMVG LLI				•
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531104	RUAL ESTATI	= MA	VAGE MENT		
5. State of Formation	_	·	7		
Rhode Island					
6. Principal Office Address		City _		State	Zip
8 MOSKALYKST		West	WARWICK	RI	02893
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
DAVID G PATRIARCA		OWNER			
Street Address 8 MDS KALYK ST		City	Who wich	State 0	Zip
	 	L WY 57	WHILIVICE		UZYYJ
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		
DAVID G			1/18/2024		
Signature of Authorized Person					
Horney D	Totriario				

MAIL TO:

Division of Business Services

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