



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

FILED STAMP

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.

FEB 28 2024
BY Y. J. [Signature]

1. Entity ID Number 001689481		2. Exact name of the Limited Liability Company BSF, LLC	
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island Real Estate	
5. State of Formation RI			
6. Principal Office Address 362 Braman's Lane		City Portsmouth	State RI
		Zip 02871	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Michael W. Miller		Contact Title Resident Agent	
Street Address 122 Touro Street		City Newport	State RI
		Zip 02840	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <i>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.</i>			
Name of Authorized Person Barbara Kronichfeld		Date 2/14/24	
Signature of Authorized Person Barbara Kronichfeld			

MAIL TO:

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