				T #50.00
	State of Rh Office of the Se		ate	Fee: \$50.00
	Division Of Bu	•		
	148 W. Ri		,	
	Providence R	[02904-2615		
1636	(401) 22	2-3040		
Limited Liability Company Annual Report Filing Period: February 1 - May 1				
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 - ENTER THE CURRENT YEAR 2024: 2024				
1. ID No. <u>000143553</u>				
2. Exact Name of the Limited Liability Company BONNET PLACE, LLC				
3. State of Formation				
State: <u>RI</u>				
NAICS CODE				
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 of the Character of the Business Which is Actually Conducted in Rhode Island				
THE OWNERSHIP AND MANAGEMENT OF REAL ESTATE				
5. Principal Off	ice Address			
No. and Street:	1004 BOSTON NECK ROAD			
City or Town:	<u>SUITE 6</u> <u>NARRAGANSETT</u>	State: <u>RI</u>	Zip: <u>02882</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: No. and Street:				
City or Town:	NARRAGANSETT	State: <u>RI</u>	Zip: <u>02882</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

THOMAS A. SANTILLI 1004 BOSTON NECK ROAD, SUITE 6 NARRAGANSETT , RI 02882

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

Signed this 11 Day of March, 2024 at 10:02:56 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 THOMAS SANTILLI

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved