

REC'D RIDOS BSD  
24 NOV 22 PM 3:03:41State 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.

|                                                                                                                                                                                                         |  |                                                                                                 |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-------------|
| 1. Entity ID Number<br>000716270                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br>BAR PROPERTIES, LLC                           |             |
| 3. NAICS Code<br>531110                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>HOLD REAL ESTATE |             |
| 5. State of Formation<br>RI                                                                                                                                                                             |  |                                                                                                 |             |
| 6. Principal Office Address<br>963 NARRAGANSETT BLVD                                                                                                                                                    |  | City<br>PROVIDENCE                                                                              | State<br>RI |
|                                                                                                                                                                                                         |  | Zip<br>02905                                                                                    |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                 |             |
| Contact Name<br>GEORGE P. BARBOSA                                                                                                                                                                       |  | Contact Title<br>MANAGER                                                                        |             |
| Street Address<br>963 NARRAGANSETT BLVD                                                                                                                                                                 |  | City<br>PROVIDENCE                                                                              | State<br>RI |
|                                                                                                                                                                                                         |  | Zip<br>02905                                                                                    |             |
| 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<br>JORDAN K. HUNTOON, CPA                                                                                                                                                     |  | Date<br>11/22/2024                                                                              |             |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                 |             |

FILED

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BY FSCN8

AA. 3:09 pm.

## MAIL TO:

Division of Business Services

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