



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

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**STAMP**

**Annual Report for the year: 2025**  
**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 <b>1720864</b>		2. Exact name of the Limited Liability Company <b>Bridgeport LLC</b>		
3. NAICS Code <b>531210</b>		4. Brief description of the character of business conducted in Rhode Island <b>To buy, sell, lease, hold and rent real estate and any other lawful business.</b>		
5. State of Formation <b>Rhode Island</b>				
6. Principal Office Address <b>991 Rainbow Trail</b>		City <b>Orange</b>	State <b>CT</b>	Zip <b>06477</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name <b>Anastacia D. Coclin, Trustee</b>		Contact Title <b>Member</b>		
Street Address <b>991 Rainbow Trail</b>		City <b>Orange</b>	State <b>CT</b>	Zip <b>06477</b>
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
<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 <b>Anastacia D. Coclin, Trustee</b>			Date <b>2/2/2025</b>	
Signature of Authorized Person <i>Anastacia D. Coclin</i>				

**FILED**

**MAR 10 2025**  
**BY 8359 AA**

**MAIL TO:**  
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