



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**  
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 103900		2. Exact name of the limited liability company Bagabond Properties, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN AND MANAGE REAL PROPERTY			
5. Principal office address 3 DEAN RIDGE DRIVE		City CRANSTON	State RI	Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name WILLIAM A RIESSEN		Contact Title .			
Street Address 3 DEAN RIDGE DRIVE		City CRANSTON	State RI	Zip 02920-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name William A. Riessen		Manager Name .			
Street Address 3 Dean Ridge Drive		Street Address .			
City Cranston	State RI	Zip 02920	City .	State .	Zip .
Manager Name .....		Manager Name .....			
Street Address .....		Street Address .....			
City .....	State .....	Zip .....	City .....	State .....	Zip .....
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name ROBERT B. BERKELHAMMER, ESQ.		Address ONE PARK ROW, SUITE 300			
Address .....		City PROVIDENCE	Zip 02903		

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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*103900 DLLC 09/22/04 10:20:13 AM*	
File Date	10-16-04
Check No.	1054
By:	W
FOR SECRETARY OF STATE USE ONLY	

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.

*William Riessen* 10/4/04  
Signature of Authorized Person Date

William Riessen  
Print or Type Name of Authorized Person