



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2010

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

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.

1. ID No. 136280		2. Exact name of the limited liability company BlueCat Holdings, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Lease commercial property and operate retail business			
5. Principal office address 614 Pond Street #1317		City Braintree	State MA	Zip 02184	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Torrance Kopfer			Contact Title Manager		
Street Address 614 Pond Street #1317		City Braintree	State MA	Zip 02184	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 Edward D. Feldstein, Esq.			Address		
Address Ten Weybosset Street - 8th Floor		City Providence	Zip 02903		

2010 OCT - 7 12:00

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

File Date	<b>FILED</b>
Check No.	
By:	OCT 07 2010
FOR SECRETARY OF STATE USE ONLY	

By: Torrance Kopfer  
128307  
DS

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.

Torrance Kopfer 10/1/10  
Signature of Authorized Person Date  
Torrance Kopfer  
Print or Type Name of Authorized Person