



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>92856</b>		2. Exact name of the limited liability company <b>The Herbert L. and Irma Bloom Family Company, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Purchase, holding &amp; selling real and personal property of all types for investments.</b>			
5. Principal office address <b>c/o Partridge Snow &amp; Hahn, 40 Westminster Street</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02903</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Richard Bloom</b>			Contact Title <b>Manager</b>		
Street Address <b>66 Varnum Drive</b>			City <b>East Greenwich</b>		State <b>RI</b> Zip <b>02818</b>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>Richard Bloom</b>			Manager Name		
Street Address <b>66 Varnum Drive</b>			Street Address		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

SEP 10 2013

BY

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SECRETARY OF STATE  
CORPORATIONS DIV

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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.

Richard Bloom  
Signature of Authorized Person

8/29/13  
Date

**Richard Bloom**

Print or Type Name of Authorized Person