

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 Perlod: 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.

3. State of Formation Rhode Island Real estate 4. Brief description of the character of business conducted in Rhode Island Real estate 5. Principal office address 30 Cherokee Bend 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name M. Christine Benoit Street Address 30 Cherokee Bend City Charlestown Street Address City Charlestown RI Zip 02813 Zip Manager Name N/A Manager Name N/A Manager Name N/A Manager Name Manager Name Manager Name Manager Name	1. Entity ID No.		2. Exact name of the limited liability company Blackfoot Properties, LLC				
Real estate 5. Principal office address 30 Cherokee Bend 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name M. Christine Benoit Street Address 30 Cherokee Bend 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST Manager Name N/A Street Address Street Address City State Address Street Address Street Address City State Address Manager Name N/A Street Address Manager Name	154812						
Rhode Island 5. Principal office address 30 Cherokee Bend Charlestown RI 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name M. Christine Benoit City Charlestown City Charlestown RI Zip O281: City Charlestown RI Zip O281: 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST N ("X" BOX FOR ATTACHMENT) Manager Name N/A Street Address City State Zip Manager Name N/A Street Address City State Zip Manager Name N/A Manager Name N/A Manager Name	3. State of Formation	3	· · · · · · · · · · · · · · · · · · ·				
30 Cherokee Bend 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name M. Christine Benoit Street Address 30 Cherokee Bend 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST NOT CITY BOX FOR ATTACHMENT) Manager Name N/A Street Address City State Zip Manager Name Manager Name N/A Street Address City State Zip Manager Name Manager Name Manager Name Manager Name Manager Name Manager Name	Rhode Island	Real esta	Real estate				
Contact Name M. Christine Benoit Street Address 30 Cherokee Bend 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST N ("X" BOX FOR ATTACHMENT) Manager Name N/A Street Address City State Zip Manager Name Manager Name City City City State Zip Charlestown City Charlestown Ri Zip O281: Address Manager Name Manager Name N/A Street Address City State Zip Manager Name Manager Name						02813	
M. Christine Benoit Street Address 30 Cherokee Bend 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST NOT CHARLED NAME NAME NAME NAME NAME NAME NAME NAME	6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND		ERSON:		
30 Cherokee Bend Charlestown RI 0281: 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST N ("X" BOX FOR ATTACHMENT) Manager Name N/A Street Address City State Zip City State Zip Manager Name Manager Name	Contact Name M. Christine Benoit						
("X" BOX FOR ATTACHMENT) Manager Name N/A Street Address City State Zip Manager Name Manager Name Manager Name						Zip 02813	
N/A Street Address Street Address City State Zip City Manager Name Manager Name			PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
City State Zip City State Zip Manager Name Manager Name	Manager Name N/A			Manager Name	Manager Name		
Manager Name Manager Name	Street Address			Street Address			
	City	State	Zip	City	State	Zip	
Street Address Street Address	Manager Name			Manager Name			
	Street Address			Street Address			
City State Zip City State Zip	City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND	8. RESIDENT AGENT IN F	HODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filling Form 642.	This information is curre	ntly of record in the	e Office of the Sec	retary of State. Changes require f	iling Form 642.		

FILED	2013 CC
SEP 1 0 2013	co la
The state of the s	
By Cn 205417	- 1
	Under penalty of perjury, I declare and affirm that I have examined.
File Date	this report, including any accompanying schedules and statements; and statements contained herein are true and correct.
Check No	Witte Be 1 8/25/1
By:	Signature of Authorized Person Date
	M. Christine Benoit
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012