



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. 102457		2. Exact name of the limited liability company BLUEBERRY COVE INN, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO OPERATE AN INN			
5. Principal office address 75 KINGSTOWN ROAD		City NARRAGANSETT	State RI	Zip 02882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DAVID R. GERRAUGHTY		Contact Title OPERATING MANAGER			
Street Address 75 KINGSTOWN ROAD		City NARRAGANSETT	State RI	Zip 02882	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name DAVID R. GERRAUGHTY		Manager Name SEELY M. GERRAUGHTY			
Street Address 75 KINGSTOWN ROAD		Street Address 75 KINGSTOWN ROAD			
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
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.					

SECRETARY OF STATE
CORPORATIONS DIV
2013 OCT 9 AM 9:38

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

OCT 09 2013

By 207837

KCM

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.

Signature of Authorized Person

Date

Seely M. Gerraughty
Print or Type Name of Authorized Person