

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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040[| LOGOUT |](#)**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

[Help with this form](#)

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.

ANNUAL REPORT YEAR: 2015**1. ID No.** 000943846**2. Exact Name of the Limited Liability Company** Blast Off LLC**3. State of Formation**State: MA**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**Sand Blasting water Blasting power washing**FILED**

SEP 11 2015

5. Principal Office Address

No. and Street:

154 RATHGAR STREETBY 121

City or Town:

FALL RIVERState: MAZip: 02720Country: USA**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name:

Jeremy Larkin

Contact Title:

President

No. and Street:

154 RATHGAR STREETFALL RIVER MA

City or Town: State: Zip: Country:

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Delete	Name	Address
		Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	JEREMY LARKIN	154 RATHGAR STREET FALL RIVER, MA 02720 USA

First Name: Middle Name: Last Name: Suffix:
Address: City: State: Zip: Country:

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

MICHAEL J. CROCKER, ESQ. 109 AIRPORT ROAD, SUITE #5 WARWICK, RI 02889

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

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name:

Business Name:

No. and Street:

City or Town:

Contact Phone: ext:

Contact Email:

FILED

SEP 11 2015

BY :

State: Zip: Country:

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 4 Day of September, 2015 at 12:09:40 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By
Signature of Authorized Person