St St	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
148 W. River Street			
Providence RI 02904-2615			
HOPE	(401) 222-304	40	
Limited Liability Comp Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability comp thirty (30) days after the time presc enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2016		
1. ID No. <u>000153242</u>			
2. Exact Name of the Limited Liability Company <u>Blue Screen Properties, LLC.</u>			
3. State of Formation			
State: <u>RI</u>			
RENTAL PROPERTY 5. Principal Office Addres			
	<u>/ELLES STREET</u> <u>ONSOCKET</u> State:]	<u>RI</u> Zip: <u>02895</u> Co	untry: <u>USA</u>
Contact Name: Contact T No. and Street: <u>P.O</u>	ited Liability Company and Name itle: <u>. BOX 7414</u> <u>MBERLAND</u> State: <u>RI</u>		n: ntry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, 2	Zip Code, Country
Changes Require Filing	HODE ISLAND - DO NOT ALTER of Form 642 - R.I.G.L. 7-16-11		
JOSEPH MANCINO 2055	5 DIAMOND HILL ROAD PO BOX 7	414 CUMBERLAND, <u>RI</u> 0	2864
9. This report must be exe	ecuted by an authorized person p	oursuant to R.I.G.L. 7-16-66	; (b).

Signed this 31 Day of March, 2016 at 8:19:03 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 JOSEPH MANCINO

Signature of Authorized Person

Form No. 632 Revised 09/07

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