Department of S	State - Bus	iness Servic	es Division		86 SECOND	
Annual Report for the	vear: <sup>2015</sup>	•				
Limited Liability Comp						
→ Filing period: Septembe	•	er 1		,	و دران المساولية	
→ Filing Fee: \$50.00		<b>.</b> .				
→ Penalty: Additional \$25.0	0 fee if form is	not filed by Dece	ember 1.			
1. Entity ID Number	2. Exact name of the Limited Liability Company					
795482	Bluff Head, Block Island, LLC					
3. State of Formation	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Seasonal Rental					
	Seasonai	Seasonal Rental				
5. Principal Office Address			City	State	Zip	
10 Olde Forge Lane			Hampton	NJ	08827	
6. Mailing Address of Limited Li	iability Compan	y and Name or Tit				
Contact Name Michael Barile			Contact Title Partner			
Street Address 10 Olde Forge Lane			City Hampton	State NJ	<sup>Zip</sup> 08827	
7. List ALL managers (names a	and addresses)	of the Limited Lial	bility Company, IF APPLICA	BLE - DO NOT LIST N	MEMBERS	
Manager Name Michael Barile			Manager Name Michele McBride			
Street Address 10 Olde Forge Lane			Street Address 10 Olde Forge Lane			
City Hampton	State NJ	<sup>Zip</sup> 08827	City Hampton	State NJ	<sup>Zip</sup> 08827	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<u> </u>		. I	Check the box to in	ndicate an attachment	
8. Resident Agent in Rhode Isla	nd. This informa	tion is currently of re	cord in the Department of State	e. Changes require filing f	orm 642.	
Under penalty of perjury, I destatements, and that all states	clare and affir	m that Lhave exa	mined this report, including			
Name of Authorized Person				Date		
				7/29/16		
Signature of Authorized Person	/	/ · / /	-			

**FILED** 

AUG 0 1 2016 LC: 44

BYLe 280377

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

State of Rhode Island and Providence Plantations

Phone: (401) 222-3040 Website: www.sos.ri.gov