



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
015 AUG 15 AM 11:51

Annual Report for the year: 2016
Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 795482		2. Exact name of the Limited Liability Company Bluff Head, Block Island, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Seasonal Rental			
5. Principal Office Address 10 Olde Forge Lane		City Hampton		State NJ	Zip 08827
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Michael Barile			Contact Title Partner		
Street Address 10 Olde Forge Lane			City Hampton		State NJ Zip 08827
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST 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	Zip 08827	City Hampton	State NJ	Zip 08827
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person				Date 7/29/16	
Signature of Authorized Person					

FILED

AUG 15 2016

MAIL TO:

Division of Business Services
148 W. River Street, Providence, RI
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY

Bluff Head Island 02904-2615

104205

AD