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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

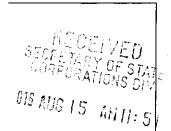
Annual Report for the year: **Limited Liability Company**

2016

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.



Entity ID Number	2. Exact name of the Limited Liability Company					
795482	Bluff Head, Block Island, LLC					
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Seasonal Rental					
5. Principal Office Address			City	State	Zip	
10 Olde Forge Lane			Hampton	NJ	08827	
6. Mailing Address of Limited Li	ability Company	and Name or Titl				
Contact Name Michael Barile			Contact Title Partner			
Street Address 10 Olde Forge Lane			City Hampton	State NJ	^{Zip} 08827	
7. List ALL managers (names a	nd addresses) of	the Limited Liab	oility Company, IF APPLICAI	BLE - DO NOT LIST M	EMBERS	
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	
		<u> </u>		Check the box to inc	dicate an attachment	
8. Resident Agent in Rhode Islan	nd. This information	n is currently of red	cord in the Department of State	. Changes require filing Fo	orm 642.	
Under penalty of perjury, I dec statements, and that all staten	lare and affirm nents contained	that I have exar I herein are true	mined this report, including and correct.	g any accompanying	schedules and	
Name of Authorized Person			Date	Date		
			7/29/16	7/29/16		
Signature of Authorized Person		·		*		

FILED AUG 1 5 2016

MAIL TO:

Division of Business Services

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

148 W. River Street, Providence, PMde Island 02904-2615

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