



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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<br><b>107614</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>BLUEBERRY LANE, LLC</b>                                            |                |                         |                     |
| 3. NAICS Code<br>53 - Real Estate and Rental and                                                                                                                                                            |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>BUYING AND SELLING OF REAL ESTATE</b> |                |                         |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |       |                                                                                                                         |                |                         |                     |
| 6. Principal Office Address<br><b>1180 WEST MAIN ROAD</b>                                                                                                                                                   |       | City<br><b>MIDDLETOWN</b>                                                                                               |                | State<br><b>RI</b>      | Zip<br><b>02842</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                         |                |                         |                     |
| Contact Name<br><b>BRUCE BEARD</b>                                                                                                                                                                          |       |                                                                                                                         | Contact Title  |                         |                     |
| Street Address<br><b>1180 WEST MAIN ROAD</b>                                                                                                                                                                |       | City<br><b>MIDDLETOWN</b>                                                                                               |                | State<br><b>RI</b>      | Zip<br><b>02842</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                                         |                |                         |                     |
| Manager Name                                                                                                                                                                                                |       |                                                                                                                         | Manager Name   |                         |                     |
| Street Address                                                                                                                                                                                              |       |                                                                                                                         | Street Address |                         |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                                                     | City           | State                   | Zip                 |
|                                                                                                                                                                                                             |       |                                                                                                                         |                |                         |                     |
| Manager Name                                                                                                                                                                                                |       |                                                                                                                         | Manager Name   |                         |                     |
| Street Address                                                                                                                                                                                              |       |                                                                                                                         | Street Address |                         |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                                                     | City           | State                   | Zip                 |
|                                                                                                                                                                                                             |       |                                                                                                                         |                |                         |                     |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |       |                                                                                                                         |                |                         |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                                         |                |                         |                     |
| <b>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.</b> |       |                                                                                                                         |                |                         |                     |
| Name of Authorized Person<br><b>BRUCE R. BEARD JR.</b>                                                                                                                                                      |       |                                                                                                                         |                | Date<br><b>11.14.16</b> |                     |
| Signature of Authorized Person<br> <b>PERSON DOCUMENT HERE</b>                                                           |       |                                                                                                                         |                |                         |                     |

MAIL TO:

Division of Business Services

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

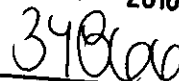
Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

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BY



FORM 632 - Revised: 08/2016