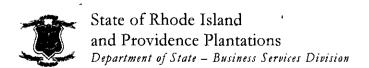
RI SOS Filing Number: 201734537200 Date: 2/22/2017 4:00:00 PM



148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 001001534 2. Exact name of the limited liability company BlueJay Equity, LLC	Exact name of the limited liability company BlueJay Equity, LLC		3. NAICS Code	
4. Brief description of the character of the business which is actually conduct hard money lending	ted in Rhode Island		5. State of Formation Rhode Island	
6. Principal office address 1 Garnett Lane Unit 3	City Greenville	State RI	Zip 02818	
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND I Contact Name Eric M. Covino	VAME OR TITLE OF CONTACT Contact Title Manager	PERSON:		
Street Address 400 Putnam Pike Ste. J #242	City Smithfield	State RI	^{Zip} 02917	
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED L. *** FILEIN SPACES BEFORE USING ATTA Manager Name Eric M. Covino	ABILIEFE (OBIS DE HEAPPE) CHMISSIN (2. X BOX FOR) Manager Name	CABLE - DO NOTA TTACHMENT): 4	ASTEMENDURS:	
Virei Address 400 Putnam Pike Ste. J #242	Street Address			
Smithfield State RI 2ip 02917	City	State	Zip	
Manager Name	Manager Name			
Street Address	Street Address			
City State Zip	City	State	Zip	
9. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State	e. Changes require filing of Form	642 – R.I.G.L. 7-16-11	Orson and Brusini Ltd.	

FILL 02

FEB 2 2 2017

This report must be steed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	A		<u> </u>	
By:	R SECRETARY	OF STATE U	SE ONLY	
		+ 6 0	****	

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.

Signature of Authorized Person

Date

Eric M. Covino, Manager