



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

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		3. NAICS Code 52	
4. Brief description of the character of the business which is actually conducted in Rhode Island hard money lending				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 NAME OR TITLE OF CONTACT PERSON:					
Contact Name Eric M. Covino		Contact Title Manager			
Street Address 400 Putnam Pike Ste. J #242		City Smithfield		State RI	Zip 02917
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS. FILE IN SPACES BEFORE USING ATTACHMENT BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Eric M. Covino		Manager Name			
Street Address 400 Putnam Pike Ste. J #242		Street Address			
City Smithfield	State RI	Zip 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. Changes require filing of Form 642 – R.I.G.L. 7-16-11 Orson and Brusini Ltd.					

FILED

FEB 22 2017

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

File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person **Eric M. Covino** Date **2/14/17**

Eric M. Covino, Manager

Print or Type Name of Authorized Person