



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

SOS RI

Annual Report for the year: **2017**

## 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>119708</b>                                                                                                                                                                 |       | 2. Exact name of the Limited Liability Company<br><b>BLACKROCK PROPERTIES LLC</b>                         |                       |                     |     |
| 3. NAICS Code<br><b>53 110</b>                                                                                                                                                                       |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE HOLDING</b> |                       |                     |     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                   |       |                                                                                                           |                       |                     |     |
| 6. Principal Office Address<br><b>126 HOWARD STREET</b>                                                                                                                                              |       | City<br><b>FISKEVILLE</b>                                                                                 | State<br><b>RI</b>    | Zip<br><b>02823</b> |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                           |                       |                     |     |
| Contact Name <b>WILLIAM STOKES</b>                                                                                                                                                                   |       | Contact Title <b>MEMBER</b>                                                                               |                       |                     |     |
| Street Address <b>126 HOWARD STREET; PO BOX 231</b>                                                                                                                                                  |       | City <b>FISKEVILLE</b>                                                                                    | State <b>RI</b>       | Zip <b>02823</b>    |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |       |                                                                                                           |                       |                     |     |
| Manager Name <b>N/A</b>                                                                                                                                                                              |       | Manager Name <b>N/A</b>                                                                                   |                       |                     |     |
| Street Address                                                                                                                                                                                       |       | Street Address                                                                                            |                       |                     |     |
| City                                                                                                                                                                                                 | State | Zip                                                                                                       | City                  | State               | Zip |
| Manager Name <b>N/A</b>                                                                                                                                                                              |       | Manager Name <b>N/A</b>                                                                                   |                       |                     |     |
| 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                                                             |       |                                                                                                           |                       |                     |     |
| 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<br><b>WILLIAM STOKES</b>                                                                                                                                                   |       |                                                                                                           | Date<br><b>6/7/18</b> |                     |     |
| Signature of Authorized Person<br><i>William Stokes</i> , <b>Member</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

FILED

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FORM 632 - Revised: 08/2017