	State of Rhode Island and Pro Office of the Secreta		Fee: \$5
	Division Of Business 148 W. River S Providence RI 029 (401) 222-20	treet 04-2615	
HOPE	(401) 222-30	40	
Limited Liability Co	ompany		
Annual Report Filing Period: Septembe	r 1 - November 1		
to file its annual report w	G.L. 7-16-66(d), each limited liability com vithin thirty (30) days after the time presc a penalty fee of \$25.00.		
ANNUAL REPORT YEA	AR: <u>2018</u>		
1. ID No. 0007954	482		
2. Exact Name of the	Limited Liability Company Bluff He	ad, Block Island, LLC	
3. State of Formation	I		
State: <u>RI</u>			
	ARTICLE III		
	S Code that best describes the primary lore information on NAICS can be found		iy. Downloa
the list of codes <u>here.</u> It	The momation on MACS can be found	onine.	
531190			
	f the Character of the Business Whicl	n is Actually Conducted in Rho	ode Island
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4. Brief Description of	<u>Y</u>	n is Actually Conducted in Rho	ode Island
4. Brief Description of <u>RENTAL PROPERT</u> 5. Principal Office Add	Y_ dress	n is Actually Conducted in Rho	ode Island
4. Brief Description of <u>RENTAL PROPERTY</u> 5. Principal Office Add No. and Street: <u>1</u>	Y dress 0 OLD FORGE LANE		
4. Brief Description of <u>RENTAL PROPERT</u> 5. Principal Office Add No. and Street: <u>1</u>	Y_ dress		ode Island
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

Signed this 17 Day of September, 2018 at 2:16:38 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MICHELE A MCBRIDE

Signature of Authorized Person

Form No. 632 Revised 09/07

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