

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

FILED

Annual Report for the year: 2018

OCT 0 5 2018

Limited Liability Company

→ Filing period: September 1 - November 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not fied by December 1.

					O	
1. Entity ID Number 1665084		2. Exact name of the Limited Liability Company BLUE ROCK, LLC				
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island				
531120		REAL ESTATE				
5. State of Formation RHODE ISLAND				·		
6. Principal Office Address			City	State	Zip	
41 EMERSON ROAD			JAMESTOWN	RI	02835	
7. Mailing Address of Limit	ed Liability Compa	any and Name o	or Title of Contact Person			
Contact Name JENNIFER KYNER			Contact Title MEMBER			
Street Address 1536 WESTMINSTER STREET			City PROVIDENCE	State RI	^{Zip} 02909	
8. List ALL managers (nan	nes and addresse	s) of the Limited	Liability Company, FAPPLICABL	E - DO NOT LIST	MEMBERS	
Manager Name			:Manager Namo			
Street Aduress			Street Address			
City	State	Zip	City	Stato	Z _i ρ	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode	e is and. This infor	nation is currently	of record with the Department of State			
Under penalty of perjury, statements, and that all s	I declare and aff	irm that I have	examined this report, including	any accompany!n	g schedules and	
Name of Authorized Person				Date		
JENNIFER KYNER, MEMBER				Sect	25,2018	
Signature of Authorized Pe	rsion (17 VIG.	N DOCUMENT HERE			

Division of Business Services

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

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