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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2019 JAN -2 PM 1: 35

Annual Report for the year:

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	2. Exact name of the Limited Liability Company				
846854	BLACKSTOWN BUILDING UC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
236116	;				
5. State of Formation	(IN STRUCTION)				
R					
6. Principal Office Address			City	State	Zip
50 School St			NEWPORT	RI	07840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Tylomas a TMRAMORN			Contact Title		
Street Address SU SCHOOL ST			City	State	Zip ozを40
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	Stale	Zip	City	State	Zip
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 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				Date /	
Trumps on Theorem 1/2/19					
Signature of Authorized Person					
- Kart					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov FILED JAN 0 2 2019

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