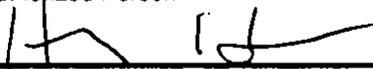




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
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 1659070		2. Exact name of the Limited Liability Company Bluff Hill Cove Oyster Compny			
3. NAICS Code 112512		4. Brief description of the character of business conducted in Rhode Island Aquaculture, Commercial Fishing related activities and Sales - All legal business			
5. State of Formation RI					
6. Principal Office Address 15 East Shore Road			City Narragansett	State RI	Zip 02882
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Harvey Cataldo			Contact Title		
Street Address 15 East Shore Road			City Narragansett	State RI	Zip 02828
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name NA			Manager Name NA		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name NA			Manager Name NA		
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 Harvey Cataldo				Date 01-03-2019	
Signature of Authorized Person 			SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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JAN 16 2019
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