



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV

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1. Entity ID Number 001671900		2. Exact name of the Corporation BLRSCOOTER INC			
3. Principal Office Address 12 LIBRARY CT			City JOHNSTON	State R.I.	Zip 02919
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island OTHER ACTIVITIES RELATED TO REAL ESTATE , RENTAL , LEASEING SERVICES.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LEE VAN SANO			Vice-President Name LEE VAN SANO		
Street Address 3 DURANTE AVENUE			Street Address 3 DURANTE AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name LEE VAN SANO			Treasurer Name LEE VAN SANO		
Street Address 3 DURANTE AVENUE			Street Address 3 DURANTE AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 500	CLASS/SERIES CWP	PAR VALUE 0.0100
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative LEE VAN SANO				Date 08/23/2019	
Signature of Authorized Representative					

FILED

AUG 26 2019

BY

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