



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

FILED

OCT 08 2020 *e*

4591

148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2020

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00 • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

| | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------|--------------------------------|--------------------|----------------------------------------------|--|
| 1. ID No. 164330 | | 2. Exact name of the limited liability company Bloominghouses Property Management, LLC | | | 3. NAICS Code 531312 | |
| 4. Brief description of the character of the business which is actually conducted in Rhode Island Property management. | | | | | 5. State of Formation Rhode Island | |
| 6. Principal office address 445 High Meadow Lane P.O. Box 5368 | | | City Wakefield | State RI | Zip 02879 | |
| 7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | | |
| Contact Name Greg Gabriel | | | Contact Title Member | | | |
| Street Address 115 High Meadow Lane P.O. Box 5368 | | | City Wakefield | State RI | Zip 02879 | |
| 8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 9. RESIDENT AGENT IN RHODE ISLAND | | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11 Orson and Brusini | | | | | | |

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

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

[Signature] 9/26/2020
Signature of Authorized Person Date

Greg Gabriel, Member

Print or Type Name of Authorized Person