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Department of State - Business Services Division

Annual Report for the year: 2020 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.

FILED"

OCT 19 2020

BY Slole OY

1. Entity ID Number	2. Exact name of the Limited Liability Company				
000503760	Blue Heron, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
53 0 5. State of Formation R · I ·	Management of house				
6. Principal Office Address	, <u>I</u>	••••	City	State	Zip
241 Weaver St., #12 C			Greenwich	CT	06831
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Nike Whittemore			Contact Title Manager		
Street Address 241 Weaver St., #12 C			city Greenwich	State	Zip 06831
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name NIKE Whittem Ore			Manager Name		
Street Address 241 Weaver St., #12 C			Street Address		
city Greenwich	State	Zip 06831	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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					
Nike Whitemore 9/23/20					
Signature of Authorized Person					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov