State of Rhode Island
Department of Sta - Business Services Division

FILED
OCT 19 2020
BY Slele DS

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.

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		
531110	Management of house		
5. State of Formation			
R.I.			
6. Principal Office Address	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: CT	Zip: 06831
8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**			
Manager Name: Nike Whittemore	Manager Name		
Street Address: 241 Weaver St., #12 C	Street Address		
City: Greenwich / State: CT / 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: Nike Whittemore	Date: 9/23/20		
Signature of Authorized Person			

MAIL TO:
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