

State of Rhode Island and Providence Plantations

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.

Entity ID Number	2. Exact name of the Limited Liability Company					
1656933	Best Location Block Island, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531110	Real Estate					
5. State of Formation	_					
Rhode Island						
6. Principal Office Address			City	State	Zip	
10 Old Forge Lane			Hampton	ИJ	08827	
7. Mailing Address of Limited	Liability Compa	ny and Name o			 .	
Contact Name Michael Barile			Contact Title Member			
Street Address 10 Old Forge Lane			City Hampton	State NJ	Zip 38 827 .70	
	and addresse:	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS SON	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zıp	City	State	ATE	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
					ndicate an attachment	
			of record with the Department of St			
Under penalty of perjury, I d statements, and that all stat	leclare and aff lements contai	irm that I have inea helein are	examined this report, includi true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person Date					1	
Michael Barile		' /		1//.	41/25	
Signature of Authorized Perso	on M	SiG	N DOOL MENT 1 THE			

MAIL TO:

Division of Business Services

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

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

JAN 11 2021

FORM 632 - Revised: 10/2017