



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2021

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILED

MAR 17 2021

BY

1. Entity ID Number 509983		2. Exact name of the Corporation Blue Note Limited			
3. Principal Office Address 8 Freebody Street, P.O. Box 549			City Newport	State RI	Zip 02840
4. NAICS Code 713990		6. Brief description of the character of business conducted in Rhode Island The acquisition, ownership and maintenance of yachts, boats and vessels.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Danny Bensusan			Vice-President Name		
Street Address 131 West Third Street			Street Address		
City New York	State NY	Zip 10012	City	State	Zip
Secretary Name Danny Bensusan			Treasurer Name Danny Bensusan		
Street Address 131 West Third Street			Street Address 131 West Third Street		
City New York	State NY	Zip 10012	City New York	State NY	Zip 10012
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Danny Bensusan			Director Name		
Street Address 131 West Third Street			Street Address		
City New York	State NY	Zip 10012	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100		0.00	
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 Danny Bensusan				Date 1/1/2021	
Signature of Authorized Representative <i>Danny Bensusan</i>					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020