



State of Rhode Island
Department of State - Business Services Division

FILED

APR 21 2021

STAMP

FOR
SECRETARY OF STATE
USE ONLY

Annual Report for the year: 2020
Limited Liability Company

BY 553

- 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 985355		2 Exact name of the Limited Liability Company Blue Fox, LLC		
3 NAICS Code <u>334510</u>		4 Brief description of the character of business conducted in Rhode Island Hearing Aid Center		
5 State of Formation Rhode Island				
6 Principal Office Address 12 Goose Lane, Unit G		City Tolland	State CT	Zip 06084
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Nancy C. Fox		Contact Title		
Street Address 2348 Post Road, Unit 10		City Warwick	State RI	Zip 02886
8 List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS				
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
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				
<i>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.</i>				
Name of Authorized Person Nancy C. Fox			Date <u>3/28/21</u>	
Signature of Authorized Person <u>Nancy C. Fox</u>				

Second Submission?

MAIL TO:
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