

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.

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|   | 2021 JUN -3 PM 3: 00  |

| Entity ID Number 2. Exact name of the Limited Liability Company BLS BUILDING GROUP LLC |  |                          |                                  |                            |                        |  |  |
|--|--|--------------------------|----------------------------------|----------------------------|------------------------|--|--|
| 3. NAICS Code  | Brief description of the character of business conducted in Rhode Island |                          |                                  |                            |                        |  |  |
| 23G118   | 23G118 CONSTRUCTION  |                          |                                  |                            |                        |  |  |
| State of Formation   |  |                          |                                  |                            |                        |  |  |
| RI   |  |                          |                                  |                            |                        |  |  |
| 6. Principal Office Address  |  |                          | City                             | State                      | Zıp                    |  |  |
| 5 AUDREY DRIVE   |  |                          | JOHNSTON                         | RI                         | 02919                  |  |  |
| 7 Mailing Address of Limited   | Liability Compar   | ny and Name or Tit       |                                  | •                          |                        |  |  |
| Contact Name KRYSTAL SICA  | ۱L   |                          | Contact Title OFFICER            |                            |                        |  |  |
| Street Address 5 AUDREY DR   | IVE  |                          | City JOHNSTON                    | State RI                   | <sup>Zip</sup> 02919   |  |  |
| 8. List ALL managers (names  | and addresses  | ) of the Limited Lia     | bility Company, IF APPLICAE      | BLE - DO NOT LIST          | MEMBERS                |  |  |
| Manager Name   SIO   | al   |                          | Manager Name                     |                            |                        |  |  |
| Street Address 5 AUDTEU  | Drue   |                          | Street Address                   |                            |                        |  |  |
| Shinston   | State<br>(2.1  | 52919                    | City                             | State                      | Zip                    |  |  |
| Manager Name   |  |                          | Manager Name                     |                            |                        |  |  |
| Street Address   |  |                          | Street Address                   |                            |                        |  |  |
| City   | State  | Zip                      | City                             | State                      | Zip                    |  |  |
|  |  |                          | <b>!</b>                         | Check the box to           | indicate an attachment |  |  |
| 9. Resident Agent in Rhode Is  | land. This inform  | ation is currently of re | ecord with the Department of Sta | ite. Changes require filii | ng Form 642.           |  |  |
| Under penalty of perjury, I o<br>statements, and that all stat                         |  |                          |                                  | g any accompanyin          | g schedules and        |  |  |
| Name of Authorized Person  | Date   | Date                     |                                  |                            |                        |  |  |
| KRYSTAL SICAL  |  | // / /                   | . 1                              | 05/24/2021                 |                        |  |  |
| Signature of Authorized Perso  | on //  | SIGN E                   | POCUMENT HERE                    |                            |                        |  |  |

MAIL TO:

**Division of Business Services** 

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

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FORM 632 - Revised: 10/2017