



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **2021**

## 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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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------|------|---------------------------|---------------------|
| 1. Entity ID Number<br><b>001687726</b>                                                                                                                                                                     |       | 2. Exact name of the Limited Liability Company<br><b>BLUE BUILDING LLC</b>                        |      |                           |                     |
| 3. NAICS Code<br><b>531190</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE</b> |      |                           |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |       |                                                                                                   |      |                           |                     |
| 6. Principal Office Address<br><b>PO BOX 410</b>                                                                                                                                                            |       | City<br><b>N SCITUATE</b>                                                                         |      | State<br><b>RI</b>        | Zip<br><b>02857</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                   |      |                           |                     |
| Contact Name<br><b>CHRISTOPHER DAGOSTINO</b>                                                                                                                                                                |       | Contact Title<br><b>MEMBER</b>                                                                    |      |                           |                     |
| Street Address<br><b>PO BOX 410</b>                                                                                                                                                                         |       | City<br><b>N SCITUATE</b>                                                                         |      | State<br><b>RI</b>        | Zip<br><b>02857</b> |
| 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                     | Zip                 |
| Manager Name                                                                                                                                                                                                |       | Manager Name                                                                                      |      |                           |                     |
| Street Address                                                                                                                                                                                              |       | Street Address                                                                                    |      |                           |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                               | City | State                     | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |       |                                                                                                   |      |                           |                     |
| 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<br><b>CHRISTOPHER DAGOSTINO</b>                                                                                                                                                   |       |                                                                                                   |      | Date<br><b>11/13/2021</b> |                     |
| Signature of Authorized Person<br>                                                                                                                                                                          |       |                                                                                                   |      |                           |                     |

## MAIL TO:

Division of Business Services

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