	and and Providenc of State - Bus			RILLETTION DUS SYDS		
nnual Report for t	he year: 20	21	BY (10)			
mited Liability Co → Filing period. Septer → Filing Fee: \$50.00 → Penalty: Additional \$	mpany mber 1 - Novemb	er 1				
Entity ID Number 001665084		2 Exact name of the Limited Liability Company BLUE ROCK, LLC			(3)	
NAICS Code	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
31120	REAL ES	REAL ESTATE				
i. State of Formation RHODE ISLAND	j					
Principal Office Address		and the first	City	State	Zip	
41 EMERSON ROAD			JAMESTOWN	RI	02835	
Mailing Address of Limit		rry and Name or T				
Confact Name JENNIFER KYNER			Contact Title MEMBER			
Street Address 1140 RESERVOIR AVENUE, STE. 201			City CRANSTON	State RI	<sup>Zip</sup> 02920	
. Ust ALL managers (na	mes and addresses	s) of the Limited Li	ability Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Z:p	City	State	Zıp	
vlanager Name			Manager Name			
Street Address			Street Address			
City	State		City	State	Zip	
				Check the box to	ndicate an attachment	
			record with the Department of Sta	ite. Changes require fil	ng Form 642	
Under penalty of perjury	y, I declare and af	firm that I have ex ined herein are t	vamined this report, including rue and correct.	g any accompanyir	ng schedules and	
statements, and that all statements contained herein are true and correct.  Name of Authorized Person				Date		
vame oi Authorizeo Persi	CMDED			10	ct 1021	
JENNIFER KYNER, M	EMIDEK				<u> </u>	

MAIL TO:

Division of Business Services

(48 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.n.gov