RI SOS Filing Number: 202329569660 Date: 2/28/2023 4:00:00 PM

State of Knode Island			a = 1 777		
Department of State - Business Services Division			RECEIVED THE DEPT. OF STATE THIS SYDS DIV		
Annual Report for the Limited Liability Comp → Filing period: February → Filing Fee: \$50.00 → Penalty: Additional \$25.0	pany		7073 FEB 28		
1. Entity ID Number	2. Exact name of the Limited L	Liability Company		 	
001682704	D0657AR	BLUE L	LL		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
711211	Boat -	Pleasure	Crati	_	
5. State of Formation					
6. Principal Office Address	<u> </u>	City	State	Zip	
18 OUMPIA	AVE	Thermon	BI	102878	
7. Mailing Address of Limited L	iability Company and Name or Ti	itle of Contact Person			
Robert Anderson		Contact Title YNANAGER			
Street Address RRY BV C	OKO ROAD	Rehaboth	State	21820 L9	
8. The Resident Agent informa	ation currently of record with the F		ate. Changes require	filing Form 642.	
Under penalty of perjury, I d	leclare and affirm that I have ex	amined this report, including	any accompanying	schedules and	

FEB 28 2023 BY WPT B

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

statements, and that all statements contained herein are true and correct.

Phone: (401) 222-3040 Website: www.sos.ri.gov

Name of Authorized Person

Signature of Authorized

State of Rhode Island