

State of Rhode Island **Department of State - Business Services Division**

STAMP

Annual Report for the year: **Limited Liability Company**

→ Filing Fee: \$50.00

→ Filing period: February 1 - May 1

2023

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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Entity ID Number	2. Exact name of the Limited Liability Company				
001712126	Blue Hill Tavern, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
722410	bar				
5. State of Formation	1				
RI					
6. Principal Office Address	<u> </u>	City	State	Zip	
1288 GREENWICH AVENUE		WARWICK	RI	02886	
7. Mailing Address of Limited Lia	ability Company and Name or Title	e of Contact Person			
Contact Name MiCHAEL LONG		Contact Title			
Street Address 5 OLSON COURT		City WARWICK	State RI	^{Zip} 02888	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. 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.					
Name of Authorized Person			Date	Date	
MICHAEL LONG			12/18/23		
Signature of Authorized Person	2/				

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MAIL TO:

Division of Business Services

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

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