



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDGERS BSD  
MAR 25 2024 11:59:12  
STATE OF RHODE ISLAND

Annual Report for the year: 2024  
Limited Liability Company

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001033244		2. Exact name of the Limited Liability Company W. R. Blinn Claims Services, LLC	
3. NAICS Code 524291		4. Brief description of the character of business conducted in Rhode Island PUBLIC INSURANCE ADJUSTER	
5. State of Formation RI			
6. Principal Office Address 2 Kennedy Rd.		City Foster	State RI
		Zip 02825	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name William Blinn		Contact Title Owner	
Street Address 2 Kennedy Rd.		City Foster	State RI
		Zip 02825	
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 Jason Melillo		Date 3/22/2024	
Signature of Authorized Person 			

FILED 209  
MAR 25 2024  
BY B F EDM

## MAIL TO:

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