

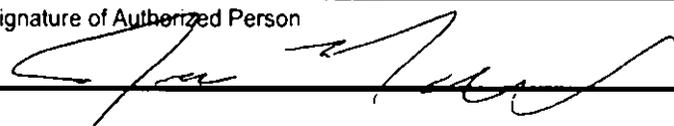


State of Rhode Island  
Department of State - Business Services Division

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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 <b>001033244</b>		2. Exact name of the Limited Liability Company <b>W. R. Blinn Claims Services, LLC</b>			
3. NAICS Code <b>524291</b>		4. Brief description of the character of business conducted in Rhode Island <b>PUBLIC INSURANCE ADJUSTER</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>2 Kennedy Rd.</b>			City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>William Blinn</b>			Contact Title <b>Owner</b>		
Street Address <b>2 Kennedy Rd.</b>			City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. <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 <b>Jason Melillo</b>				Date <b>3/22/2024</b>	
Signature of Authorized Person 					

FILED 209  
 MAR 25 2024  
 BY B.F. EDM

**MAIL TO:**  
 Division of Business Services  
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