



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
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.

REC'D RIDGESS BSB  
MAR 25 PM 1:59:21  
TAMP  
OFFICE OF THE SECRETARY OF STATE  
STATE OF RHODE ISLAND

1. Entity ID Number 001033244		2. Exact name of the Limited Liability Company W. R. Blinn Claims Services, LLC	
3. NAICS Code 52 L 291		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
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 			

MS FILED 206

MAR 25 2024

BY BFGDM

MAIL TO:

Division of Business Services  
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