

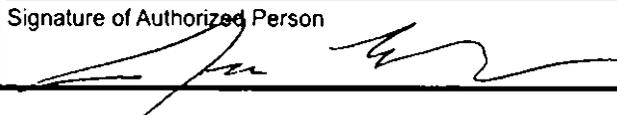


State of Rhode Island
Department of State - Business Services Division

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 DEPT. OF STATE
 PROVDENCE, RI

Annual Report for the year: 2022
 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. <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 Jason Melillo				Date 3/22/2024	
Signature of Authorized Person 					

MAILED 205

MAR 25 2024

BY BFEOM

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov