RI SOS Filing Number: 202449282670 Date: 3/25/2024 2:04:00 PM



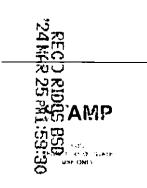
State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2021
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.



	-, 			
Entity ID Number	Exact name of the Limited Liability Company			
001033244	W. R. Blinn Claims Services, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
52 4291	PUBLIC INSURANCE ADJUSTER			
5. State of Formation				
RI				
6. Principal Office Address		City	State	Zip
2 Kennedy Rd.		Foster	RI	02825
7. Mailing Address of Limited L	iability 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.				
	declare and affirm that I have ments contained herein are t		uding any accompany	ing schedules and
Name of Authorized Person			Date	
Jason Melillo			3/22/2024	
Signature of Authorized Person				

WR FILED ZOU MAR 2 5 2024

BY B SEOM

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov