

State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2025

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.

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1. Entity ID Number 001752620	2. Exact name of the Limited Liability Company Black Goose Management Services, LLC				
3. NAICS Code 541600	Brief description of the character of business conducted in Rhode Island Consulting services, all ancillary purposes, and all other lawful purposes.				
5. State of Formation MA					
6. Principal Office Address 50 Elm Street		City Seekonk	State MA	Zip 02771	
7. Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person			
Contact Name Michael Durkay		Contact Title Manager			
Street Address 50 Elm Street		City Seekonk	State MA	Zip 02771	
8. The Resident Agent infor	mation currently of record with the	RI Department of State is a	ccurate. Changes requ	ire filing Form 642.	
	declare and affirm that I have e atements contained herein are (ding any accompanyi	ng schedules end	
Name of Authorized Person	,_		Date	<u> </u>	
MICHAE	- DURKAY		1/	16/25	
Signature of Authorized Per	son 2 0 1 Iu	~ MENGER	3	1	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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FORM 632 - Revised: 04/2023