RI SOS	Filing Number: 202563740980	Date: 1/31/2025 4:00:00 PM

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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.

1. Entity ID Number 2. Exact name of the Limite BLUEPRINT LLC		J Liability Company				
531110		aracter of business conducted in R	hode Island	·		
5. State of Formation RI	REAL ESTATE	REAL ESTATE				
6. Principal Office Address		City	State	Zip		
909 DOUGLAS AVE		PROVIDENCE	RI	02908		
7. Mailing Address of Limite	ed Liability Company and Name or	Title of Contact Person				
Contact Name RANDIE ALMONTE		Contact Title OWNER				
Street Address 909 DOUGLAS A		City PROVIDENCE	State RI	Z _p 02908		
8. The Resident Agent info	rmation currently of record with the	RI Department of State is accurate	e. Changes requi	re filing Form 642.		
9. Under penalty of perjui	ry, I declare and affirm that I have statements contained herein are	re examined this report, including	any accompan	lying schedules and		
Name of Authorized Person RANDIE ALMONTE	n	Hac one server.	Date	130/25		
Signature of Authorized Pe Randie Olm	erson ontl					

FILED

JAN 31 2025 BY TTZ 74