State of Rhode Office of the Secreta	
Division Of Busines	s Services
148 W. River S	
Providence RI 029	04-2615
<b>1636</b> (401) 222-30	40
Limited Liability Company Annual Report Filing Period: February 1 - May 1	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025	
1. ID No. <u>000691976</u>	
2. Exact Name of the Limited Liability Company <u>BLUFF AVENUE RESIDENCE 2-1 LLC</u>	
3. State of Formation	
State: <u>RI</u>	
NAICS CODE	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>721310</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
<u>CONDOMINIUM WITHIN A HOTEL THAT IS RENTED PERIODICALLY TO HOTEL</u> <u>GUESTS.</u>	
5. Principal Office Address	
No. and Street: <u>10 WEYBOSSET STREET</u> SUITE 800	
	ate: <u>RI</u> Zip: <u>02903</u> Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: Contact Title: No. and Street: <u>10 WEYBOSSET STREET</u> <u>SUITE 800</u>	
	ate: <u>RI</u> zip: <u>02903</u> Country: <u>USA</u>

## 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

R. JEFFREY KNISLEY 10 WEYBOSSET STREET, SUITE 800 PROVIDENCE , RI 02903

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 6 Day of April, 2025 at 4:27:37 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By DANIEL E. FLORES

Signature of Authorized Person

Form No. 632 Revised 09/07

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