

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 001665084 | 2. Exact name of the Limited Liability Company BLUE ROCK, LLC 4. Brief description of the character of business conducted in Rhode Island REAL ESTATE | | | |
|--|--|-------------------------------|--------------------|----------------------|
| 3. NAICS Code 531120 | | | | |
| 5. State of Formation RHODE ISLAND | | | 101 | |
| 6. Principal Office Address 41 EMERSON ROAD | | City JAMESTOWN | State RI | Zip 02835 |
| 7. Mailing Address of Limited | Liability Company and Name or Tit | e of Contact Person | | |
| Contact Name JENNIFER KYNER | | Contact Title MEMBER | | |
| Street Address 1140 RESERVOIR AVE., STE. 201 | | City CRANSTON | State RI | ^{Zip} 02920 |
| 8. The Resident Agent inforr | nation currently of record with the R | Department of State is accura | te. Changes requir | e filing Form 642. |
| Under penalty of perjury, I | declare and affirm that I have exa atements contained herein are tru | mined this report, including | any accompanyin | g schedules and |
| Name of Authorized Person JENNIFER KYNER, | | | 12 Mar 2025 | |
| Signature of Aethorized Pers | sonfly | | | |

MAIL TO:

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

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

