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State of Rhode Island

Department of State - Business Services Division

REC'D RIDOS BSD  
25 AUG 25 AM 11:54:55Annual Report for the year: 2019**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<br><b>000533044</b>                                                                                                                                                                            |  | 2. Exact name of the Limited Liability Company<br><b>Blue Water Properties LLC</b>                      |                    |
| 3. NAICS Code<br><b>531110</b>                                                                                                                                                                                     |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Apartment Rentals</b> |                    |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                       |  |                                                                                                         |                    |
| 6. Principal Office Address<br><b>10 Spinnaker Way</b>                                                                                                                                                             |  | City<br><b>Westport</b>                                                                                 | State<br><b>MA</b> |
|                                                                                                                                                                                                                    |  | Zip<br><b>02790</b>                                                                                     |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                                |  |                                                                                                         |                    |
| Contact Name<br><b>Mark Carney</b>                                                                                                                                                                                 |  | Contact Title<br><b>Manager</b>                                                                         |                    |
| Street Address<br><b>10 Spinnaker Way</b>                                                                                                                                                                          |  | City<br><b>Westport</b>                                                                                 | State<br><b>MA</b> |
|                                                                                                                                                                                                                    |  | Zip<br><b>02790</b>                                                                                     |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642                                                                                 |  |                                                                                                         |                    |
| <b><i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i></b> |  |                                                                                                         |                    |
| Name of Authorized Person<br><b>Mark Carney</b>                                                                                                                                                                    |  | Date<br><b>8/18/2025</b>                                                                                |                    |
| Signature of Authorized Person                                                                                                                                                                                     |  | Signed by:<br><b>Mark D. Carney</b>                                                                     |                    |

**FILED**  
 AUG 25 2025  
 BY 6506J 02/202

**MAIL TO:****Division of Business Services**

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