



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Partnership  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-12.1-913(e), each partnership failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-12.1-913(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

1. ID No. 001736153

2. Exact Name of the Partnership Levy & Blackman LLP

3. State of Formation

State: RI

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541110

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

LAW PRACTICE

5. Principal Office Address

No. and Street: 469 ANGELL ST  
SUITE 2

City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

6. The name and business address of one or more partner(s):

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
NONE GIVEN - P	JEFFREY LEVY	170 BROWN STREET PROVIDENCE, RI 02906 USA

PARTNER

CHARLES BLACKMAN

17 LEICESTER WAY, PAWTUCKET, RI, USA  
PAWTUCKET, RI 02860 USA

**7. This report must be executed by an Authorized Representative pursuant to R.I.G.L. 7-12.1-108.**

**Signed this 22 Day of February, 2024 at 3:13:22 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 partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-12.1*

By CHARLES BLACKMAN  
Signature of Authorized Person

Form No. 643  
Revised 10/23

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