



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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.

1. ID No. 165265		2. Exact name of the limited liability company Beth Richardson, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To contract for and to perform repairs and renovations to residential and commercial structures.			
5. Principal office address 500 Carolina Back Road		City Charlestown	State RI	Zip 02813	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Elizabeth V. Richardson			Contact Title Manager		
Street Address 500 Carolina Back Road		City Charlestown	State RI	Zip 02813	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Elizabeth V. Richardson			Manager Name None		
Street Address 500 Carolina Back Road		Street Address			
City Charlestown	State RI	Zip 02813	City	State	Zip
Manager Name None			Manager Name None		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Patrick L. McKinney, Esquire			Address		
Address 585 Kingstown Road		City Wakefield	Zip 02879		

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

165265

File Date	8-26-08
Check No.	2039
By:	MNC
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Authorized Person
8/22/08
Date
Elizabeth V. Richardson
Print or Type Name of Authorized Person