



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | | | |
|---|--------------------|---|--------------------|---------------------|-----|
| 1. Entity 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 business 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. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("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 | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. | | | | | |

FILED

SEP 09 2013

By *[Signature]*
CR # 3383

File Date _____

Check No _____

By: _____

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] 9/4/13
Signature of Authorized Person Date

Elizabeth V. Richardson

Print or Type Name of Authorized Person