



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. 121832		2. Exact name of the limited liability company Joan's Beach House LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Maintenance, management and care of real estate and any other lawful business.			
5. Principal office address 824 Pomfret Road		City Hampton	State CT	Zip 06247	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY (IF DIFFERENT FROM ABOVE) AND NAME AND TITLE OF CONTACT PERSON					
Contact Name Roma H. Dupuis		Contact Title Member			
Street Address 824 Pomfret Road		City Hampton	State CT 06247	Zip	
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 None		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
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 16 2013 1145
 BY R 205907

2013 SEP 16 AM 11:45
 SECRETARY OF STATE
 CORPORATIONS DIV

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.

Roma H. Dupuis 9/25/13
 Signature of Authorized Person Date

Roma H. Dupuis, Member

Print or Type Name of Authorized Person