



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 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

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BY R 205907

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

File Date _____
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 By: _____
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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
 Signature of Authorized Person Date 9/25/13

Roma H. Dupuis, Member

Print or Type Name of Authorized Person