



**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 **2015**

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. <b>165265</b>		2. Exact name of the limited liability company <b>Beth Richardson, LLC</b>	
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>To contract for and to perform repairs and renovations to residential and commercial structures</b>	
5. Principal office address <b>500 Carolina Back Road</b>		City <b>Charlestown</b>	State <b>RI</b>
		Zip <b>02813</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Elizabeth V. Richardson</b>		Contact Title <b>Manager</b>	
Street Address <b>500 Carolina Back Road</b>		City <b>Charlestown</b>	State <b>RI</b>
		Zip <b>02813</b>	
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <b>Elizabeth V. Richardson</b>		Manager Name <b>None</b>	
Street Address <b>500 Carolina Back Road</b>		Street Address	
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	
City	State	Zip	
Manager Name <b>None</b>		Manager Name <b>None</b>	
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 21 2015

By 2595

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 of Authorized Person

9/14/15

Date

**Elizabeth V. Richardson**

Print or Type Name of Authorized Person