



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. <u>819410</u>		2. Exact name of the limited liability company <u>Beach Boys Builders LLC</u>			
3. State of Formation <u>CT.</u>		4. Brief description of the character of business conducted in Rhode Island <u>Interior Finish Carpentry</u>			
5. Principal office address <u>7 Potvin Ave</u>		City <u>Moose</u>	State <u>CT</u>	Zip <u>06354</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Sean Marvelle</u>			Contact Title		
Street Address <u>20 RZ Ave</u>		City <u>Newport</u>	State <u>RT</u>	Zip <u>02840</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name <u>James Miller</u>			Manager Name		
Street Address <u>7 Potvin Ave</u>			Street Address		
City <u>Moose</u>	State <u>CT</u>	Zip <u>06354</u>	City	State	Zip
Manager Name <u>Kurt Nelson</u>			Manager Name		
Street Address <u>7 Potvin Ave</u>			Street Address		
City <u>Moose</u>	State <u>CT</u>	Zip <u>06354</u>	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.					

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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.

Kurt Nelson
Signature of Authorized Person Date

Kurt A. Nelson
Print or Type Name of Authorized Person