



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year:** 2016  
**Limited Liability Company**

- Filing period: September 1 - November 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

|                                                                                                                                                                                                             |       |                                                                                                              |      |                                                                                                         |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------------------------------------|---------------------|
| 1. Entity ID Number<br><b>000682437</b>                                                                                                                                                                     |       | 2. Exact name of the Limited Liability Company<br><b>BROOMHEAD BUILDERS, LLC</b>                             |      |                                                                                                         |                     |
| 3. NAICS Code                                                                                                                                                                                               |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>RESIDENTIAL REMODELING</b> |      |                                                                                                         |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                |       |                                                                                                              |      |                                                                                                         |                     |
| 6. Principal Office Address<br><b>46 ANNAWAMSCUTT ROAD</b>                                                                                                                                                  |       | City<br><b>BARRINGTON</b>                                                                                    |      | State<br><b>RI</b>                                                                                      | Zip<br><b>02806</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                              |      |                                                                                                         |                     |
| Contact Name<br><b>ADAM K. BROOMHEAD</b>                                                                                                                                                                    |       | Contact Title<br><b>MEMBER</b>                                                                               |      |                                                                                                         |                     |
| Street Address<br><b>46 ANNAWAMSCUTT ROAD</b>                                                                                                                                                               |       | City<br><b>BARRINGTON</b>                                                                                    |      | State<br><b>RI</b>                                                                                      | Zip<br><b>02806</b> |
| 8. List <b>ALL</b> managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b>                                                                              |       |                                                                                                              |      |                                                                                                         |                     |
| Manager Name                                                                                                                                                                                                |       | 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                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |       |                                                                                                              |      |                                                                                                         |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                              |      |                                                                                                         |                     |
| <b>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.</b> |       |                                                                                                              |      |                                                                                                         |                     |
| Name of Authorized Person<br><b>ADAM K. BROOMHEAD</b>                                                                                                                                                       |       |                                                                                                              |      | Date<br><b>09/13/2016</b>                                                                               |                     |
| Signature of Authorized Person                                                                                                                                                                              |       |                                                                                                              |      | SIGN DOCUMENT HERE  |                     |

**MAIL TO:**  
**Division of Business Services**  
148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** www.sos.ri.gov

**FILED**  
SEP 21 2016  
BY 3123 PS