State of Rhode Island a	ind Provider	nce Plantations		_	
Department of S			es Division		
чое с					
Annual Report for the y	ear: 20°	16			
Limited Liability Company					3 45
Filing period: September 1 - November 1					
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00	fee if form	is not filed by Dec	ember 1.	_	4
1. Entity ID Number	Exact name of the Limited Liability Company				
121832	Joan's Beach House LLC S				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
53 - Real Estate and Rental and	The maintenance, management and care of real estate and any other lawful business.				
5. State of Formation					
Rhode island					
6. Principal Office Address			City	State	Zip
824 Pomfret Road			Hampton	СТ	06247
7. Mailing Address of Limited Lia	bility Comp	any and Name or Tr			
Contact Name Roma Dupuis			Contact Title Member		
Street Address 824 Pomfret Road			City Hampton	State CT	^{Zip} 06247
8. List ALL managers (names ar	nd addresse	s) of the Limited Lia	bility Company, IF APPLIC	ABLE - DO NOT LIST I	MEMBERS
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
	<u> </u>			Check the box to it	ndicate an attachment
9. Resident Agent in Rhode Islan	d. This infor	mation is currently of re	ecord with the Department of S	State. Changes require filin	g Form 642.
Under penalty of perjury, I dec statements, and that all statem	lare and af	firm that I have exa ined herein are tru	nmined this report, includ se and correct.	ing any accompanying	g schedules and
Name of Authorized Person				Date	1
Roma Dupuis					7-16
Signature of authorized Person SIGN DOCUMENT HERE					
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

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DCT 17 2016

By 28607' FORM