



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

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Annual Report for the year: 2015
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 579042		2. Exact name of the Limited Liability Company Beaudreault Family LC			
3. NAICS Code 53		4. Brief description of the character of business conducted in Rhode Island multi-family property ownership			
5. State of Formation Rhode Island					
6. Principal Office Address 99 Providence St. Apt 1		City Woonsocket		State RI	Zip 02895
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Beaudreault Family LLC Helene Chamberlain			Contact Title Manager		
Street Address 99 Providence St. Apt 1			City Woonsocket		State RI Zip 02895
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Helene Chamberlain			Manager Name		
Street Address 137 Oakley Rd.			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person Helene Chamberlain				Date 9/27/16	
Signature of Authorized Person <i>Helene Chamberlain</i> 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

OCT 26 2016

By *280980*
A.A. 11:50 A.M.