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Annual Report for the year: 2017 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	l l	2. Exact name of the Limited Liability Company				
936549	Beau	Beau Sejour, LLC				
3. NAICS Code	4. Brief de	Brief description of the character of business conducted in Rhode Island				
531390	Real esta	Real estate holding				
5. State of Formation		7.				
RI						
6. Principal Office Address			City	State	Zip	
105 W. Bay View Drive			Annapolis	MD	21403	
7. Mailing Address of Limite	d Liability Compa	any and Name o				
Contact Name Ellyn Sydney			Contact Title Member			
Street Address 105 W. Bay View Drive			City Annapolis	State MD	^{Zip} 21403	
	es and addresse	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST N	MEMBERS	
Manager Name None			Manager Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name None			Manager Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	1	<u> </u>		Check the box to in	ndicate an attachment	
9. Resident Agent in Rhode	Island. This inform	nation is currently	of record with the Department of Sta	ite. Changes require filin	g Form 642.	
Under penalty of perjury, statements, and that all s			examined this report, including true and correct.	g any accompanying	g schedules and	
Name of Authorized Person				Date		
Ellyn Sydney, Member						
Signature of Authorized Per	Sydner	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

OCT 16 2017
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FORM 632 - Revised: 08/2017