



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

STATE

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 1006364		2. Exact name of the Limited Liability Company Head of Household, LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island Real estate holding			
5. State of Formation RI					
6. Principal Office Address 26 Marques Street			City Cumberland	State RI	Zip 02864
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Derrick Levasseur			Contact Title Member		
Street Address 26 Marques Street			City Cumberland	State RI	Zip 02864
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST 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
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.					
<i>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.</i>					
Name of Authorized Person Derrick Levasseur, Member				Date 9/27/17	
Signature of Authorized Person SIGNATURE 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 23 2017
 BY **436**