

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.

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1. Entity ID Number 796218	2. Exact name of the Limited Liability Company					
	BELIVEAU FAMILY FINANCIAL, LLC					
3. NAICS Code 531390	Brief description of the character of business conducted in Rhode Island					
	Ownership and management of real estate					
5. State of Formation						
RI						
6. Principal Office Address			City	State	Zip	
1524 Atwood Avenue			Johnston	RI	02919	
7. Mailing Address of Limited Lia	bility Company a	and Name or Title				
Contact Name William Beliveau			Contact Title Manager			
Street Address 1524 Atwood Avenue			City Johnston	State RI	^{Zip} 02919	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name William Beliveau			Manager Name Manager			
Street Address 1524 Atwood Avenue			Street Address			
^{City} Johnston	State RI	^{Zip} 02919	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
***		l.		Check the box to in	ndicate an attachment	
9. Resident Agent in Rhode Islan	nd. This information	n is currently of rec	ord with the Department of Sta	ate. Changes require filing	g Form 642.	
Under penalty of perjury, I dec statements, and that all staten				ng any accompanying	schedules and	
Name of Authorized Person						
Name of Authorized Person William Beliveau, Manager						
Signature of Authorized Person	9	SIGN DO	CUMENT 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

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FORM 632 - Revised: 08/2017