



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

STAMP

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 SECRETARY OF STATE
 SEP ONLY

Annual Report for the year: **2018**

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 163145		2. Exact name of the Limited Liability Company Bill Roux Spa & Pool Service, LLC					
3. NAICS Code 811490		4. Brief description of the character of business conducted in Rhode Island Spa and Pool Services					
5. State of Formation Rhode Island							
6. Principal Office Address 47 Hawthorne Street				City North Providence	State RI	Zip 02904	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name William Roux				Contact Title Member			
Street Address 47 Hawthorne Street				City North Providence	State RI	Zip 02904	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name				Manager Name			
Street Address				Street Address			
City		State		Zip		City	
State		Zip		City		State	
City		State		Zip		City	
State		Zip		City		State	
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City		State		Zip		City	
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 William Roux						Date 10-30-18	
Signature of Authorized Person 						SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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