



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

Annual Report for the year: **2019**  
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.

**FILED**

OCT 21 2019

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STAMP

1. Entity ID Number <b>578981</b>		2. Exact name of the Limited Liability Company <b>BRISTOL HOUSE BED &amp; BREAKFAST, LLC</b>	
3. NAICS Code <b>721191</b>		4. Brief description of the character of business conducted in Rhode Island <b>BED &amp; BREAKFAST</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>122 TOURO STREET</b>		City <b>NEWPORT</b>	State <b>RI</b> Zip <b>02840</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>MICHAEL W. MILLER</b>		Contact Title <b>REGISTERED AGENT</b>	
Street Address <b>122 TOURO STREET</b>		City <b>NEWPORT</b>	State <b>RI</b> Zip <b>02840</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <b>Kathleen Seguin</b>		Manager Name	
Street Address <b>14 Aaron Ave</b>		Street Address	
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
Manager Name		Manager Name	
Street Address		Street Address	
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.			
<b>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.</b>			
Name of Authorized Person <b>KATHLEEN SEGUIN</b>		Date <b>9/22/19</b>	
Signature of Authorized Person 		SIGN DOCUMENT HERE	

**MAIL TO:**

**Division of Business Services**

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