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

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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	2. Exact name of the Limited Liability Company		
000515859	BETASPRING LLC		
3. NAICS Code: 541613	4. Brief description of the character of business conducted in Rhode Island: STARTUP SUPPORT SERVICES		
5. State of Formation: RI			
6. Principal Office Address: 91 CLEMENCE ST	City: PROVIDENCE	State: RI	Zip: 02903

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
ALLAN TEAR	MANAGING PARTNER		
Street Address: PO BOX 5938	City: PROVIDENCE	State: RI	Zip: 02903

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name	Manager Name
ALLAN TEAR	MELISSA WITHERS
Street Address: 93 LAURISTON ST	Street Address: 107 OVERHILL RD
City: PROVIDENCE State: RI Zip: 02906	City: PROVIDENCE State: RI Zip: 02906
Manager Name	Manager Name
Street Address	Street Address
City State Zip	City State Zip

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

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.

Name of Authorized Person	Date
Allan K. Tear II	12/17/19
Signature of Authorized Person	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY 85892

FORM 632 - Revised: 10/2017