



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. ID No.** 001659816

**2. Exact Name of the Limited Liability Company** SOLITUDE LAKE MANAGEMENT, LLC

**3. State of Formation**

State: VA

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541620

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

SOLITUDE LAKE MANAGEMENT OFFERS COMPREHENSIVE LAKE AND POND  
MANAGEMENT  
STRATEGIES, INTEGRATED FISHERIES MANAGEMENT, GPS LAKE MAPPING AND  
BATHYMETRIC STUDIES, WATER QUALITY TESTING AND MONITORING, AND A WIDE  
RANGE OF ADDITIONAL SERVICES DESIGNED TO RESTORE AND PRESERVE  
ECOLOGICAL  
BALANCE IN THE AQUATIC RESOURCES WE MANAGE.

**5. Principal Office Address**

No. and Street: 2844 CRUSADER CIRCLE

City or Town: VIRGINIA BEACH

State: VA

Zip: 23453

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 1320 BROOKWOOD DR

SUITE H

City or Town: LITTLE ROCK

State: AR

Zip: 72202

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**

**DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	MARC BELLAUD	590 LAKE ST. SHREWSBURY, MA 01545 USA
MANAGER	DEBBIE CLEMENT	1320 BROOKWOOD DR, SUITE H LITTLE ROCK, AR 72202 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

BUSINESS FILINGS INCORPORATED 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 27 Day of October, 2020 at 2:29:41 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.***

By DEBBIE CLEMENT  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2020 State of Rhode Island  
All Rights Reserved