



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

FILED

NOV 12 2020

BY

*988*  
FOR  
SIGNATURE OF STATE  
OFFICIAL ONLY

Annual Report for the year: **2020**  
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 <b>000521518</b>		2. Exact name of the Limited Liability Company <b>BEACHEAD III HOLDINGS, L.L.C.</b>			
3. NAICS Code <b>5311</b>		4. Brief description of the character of business conducted in Rhode Island <b>Purchase, own, manage, lease, sell and/or mortgage real estate</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>Lakeside Drive</b>		City <b>Block Island</b>		State <b>RI</b>	Zip <b>02807</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Rebecca Pappas Clark</b>		Contact Title <b>Manager</b>			
Street Address <b>PO Box 706</b>		City <b>Block Island</b>		State <b>RI</b>	Zip <b>02807</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Rebecca Pappas Clark</b>		Manager Name			
Street Address <b>PO Box 706</b>		Street Address			
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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 <i>Rebecca Pappas Clark</i>				Date <i>10/30/2020</i>	
Signature of Authorized Person <i>Rebecca Pappas Clark</i>				SIGN DOCUMENT HERE	

## MAIL TO:

Division of Business Services  
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