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State of Rhode Island
Department of State - Business Services Division

FILED
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BY 8454

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	2. Exact name of the Limited Liability Company		
265872	LAHOUSSE FAMILY ENTERPRISES, LLC		
3. NAICS Code: 531390	4. Brief description of the character of business conducted in Rhode Island: Property holdings		
5. State of Formation: Rhode Island			
6. Principal Office Address: c/oRobert L. Simmons,50 Abbott RunValley RdU1601,POBx7366	City: Cumberland	State: RI	Zip: 02864

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

Contact Name: Robert L. Simmons	Contact Title: Secretary		
Street Address: 50Abbott Run Valley Rd,Unit1601,PO Box73366	City: Cumberland	State: RI	Zip: 02864

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

Manager Name: Brian M. Lahousse			Manager Name		
Street Address: 51 Suffoilk Street			Street Address		
City: Bellingham	State: MA	Zip: 02019	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

9. The Resident Agent information currently of record with the RI Department of State is accurate. 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
Brian M. Lahousse, Manager	10/27/2020

Signature of Authorized Person

MAIL TO:
Division of Business Services
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