



**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. 001701288

2. Exact Name of the Limited Liability Company Clarehaven, LLC

3. State of Formation

State: RI

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.

531210

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

REAL ESTATE SALES. MOVED OUT OF STATE--TO HAMDEN, CT--IN OCTOBER 2020
AND
CEASED DOING BUSINESS AT THAT TIME. WAS EFFECTIVELY UNEMPLOYED FROM
MARCH
2020 TO PRESENT. THERE WAS NO REVENUE (ONLY EXPENSES) IN THIS LLC.
PRINCIPAL
OFFICE ADDRESS IN RI (#5 BELOW) WAS ACTIVE THROUGH OCTOBER 2020. I NOW AM
AT
THE HAMDEN ADDRESS (#6 BELOW).

5. Principal Office Address

No. and Street: 1082 WHITNEY AVE
FIRST FLOOR

City or Town: HAMDEN

State: CT

Zip: 06517

Country: USA

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

Contact Name: MAURA CLARE Contact Title: CEO

No. and Street: 1082 WHITNEY AVE

City or Town: FIRST FLOOR
HAMDEN State: CT Zip: 06517 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

MAURA CLARE 127 TOUISSET ROAD WARREN , RI 02885

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 April, 2021 at 10:27:59 AM 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 MAURA CLARE
Signature of Authorized Person

Form No. 632
Revised 09/07

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