



**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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