



State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV
2021 JUL -2 PM 12:06

Annual Report for the year: 2019
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 001690365		2. Exact name of the Limited Liability Company Sea Breeze Haven Co., LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island Rental Property Rental Income			
5. State of Formation New York		2021 JUL 26 AM 11:57 RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV			
6. Principal Office Address 500 Executive Blvd., Suite 203					
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Anthony P. Beldotti			Contact Title		
Street Address 500 Executive Blvd., Suite 203		City Ossining	State NY	Zip 10562	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person Anthony P. Beldotti				Date 4/20/2021	
Signature of Authorized Person 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FILED

JUL 26 2021

BY 4mm90
FORM 632 - Revised: 08/2020