

## State of Rhode Island Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

Annual Report for the year: 2023 **Limited Liability Company** 

2023 MAY 16 P 3: 54'

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

ightarrow Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
000787786	HOUSEHOLD LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
814110	HOUSEHOLD EMPLOYEES			
5. State of Formation				
RHODE ISLAND				
6. Principal Office Address	<u></u>	City	State	Zip
107 NAYATT ROAD		BARRINGTON	RI	02806
7. Mailing Address of Limited Lia	bility Company and Name or Titl	e of Contact Person		
Contact Name MARY J. CREAMER		SOLE MEMBER		
Street Address 576 ISLAND DRIVE		City PALM BEACH	State FL	<sup>Zip</sup> 33480
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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	
MARY J. CREAMER			05/16/2023	
Signature of Authorized Person				
Mary Jane Creamer				

FILED

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov