RI SOS Filing Number: 202335732740 Date: 5/16/2023 3:59:00 PM

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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2021

RECEIVED R.I. DEPT. OF STATE BUS SVCS DV

Limited Liability Company

→ Filing period: February 1 - May 1
→ Filing Fee: \$50.00

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

1013 HAY -8 A 10: 03

	2. Exact name of the Limited Liability Company				
1 Entity ID Number	2. Exact name of the Limited Classiff State of the Classiff State				
000787786	HOUSEHOLD LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island HOUSEHOLD EMPLOYEES				
814110					
5. State of Formation					
RHODE ISLAND					
6. Principal Office Address	City		State	Zip	
107 NAYATT ROAD	BARRING	TON	RI	02806	
7. Mailing Address of Limite	d Liability Company and Name or Title of Contact Per	son			
Contact Name MARY J. C	REAMER Contact Title				
Street Address 576 ISLAN	ID DRIVE City PALM	BEACH	State FL	^{Zip} 33480	
8. The Resident Agent infor	mation currently of record with the RI Department of S	State is accura	te. Changes require	filing Form 642.	
9. Under penalty of perjur	y, I declare and affirm that I have examined this re latements contained herein are true and correct.	port, includin	g any accompany	ing schedules and	
Name of Authorized Person			Date		
MARY J. CREAMER			05/05/2023		
Signature of Authorized Pe	rson ————————————————————————————————————				
1 00	re Creamer				

MAIL TO:

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

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

FORM 632 - Revised 04/2023