

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

Annual Report for the year: 2021 **Limited Liability Company** 

RECEIVED R.I. DEPT. OF STATE BUS SVCS D''Y

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

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

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m at ID Number	2. Exact name of the Limited Liability Com	pany			
1 Entity ID Number 000787786	HOUSEHOLD LLC				
3. NAICS Code 814110 State of Formation RHODE ISLAND	Brief description of the character of business conducted in Rhode Island     HOUSEHOLD EMPLOYEES				
5. Principal Office Address	City	-	State	Zip	
107 NAYATT ROAD	BARR	INGTON	RI	02806	
7. Mailing Address of Limite	d Liability Company and Name or Title of Contact	t Person			
Contact Name MARY J. (	Contact 1	Contact Title SOLE MEMBER			
Street Address 576 ISLAI	ND DRIVE City PA	LM BEACH	State FL	<sup>Zip</sup> 33480	
8. The Resident Agent info	mation currently of record with the RI Departmen	t of State is accurat	e. Changes require	filing Form 642.	
9. Under penalty of perjui	y, I declare and affirm that I have examined that the examined the latements contained herein are true and corre	is report, includin	g any accompany	ing schedules and	
Name of Authorized Person MARY J. CREAMER				Date 05/05/2023	
Signature of Authorized Pe	rson				
1 Mary la	re Cocamer				
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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