



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
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.

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2023 MAY -8 A 10: 03

1. Entity ID Number 000787786		2. Exact name of the Limited Liability Company HOUSEHOLD LLC	
3. NAICS Code 814110		4. Brief description of the character of business conducted in Rhode Island HOUSEHOLD EMPLOYEES	
5. State of Formation RHODE ISLAND			
6. Principal Office Address 107 NAYATT ROAD		City BARRINGTON	State RI
		Zip 02806	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name MARY J. CREAMER		Contact Title SOLE MEMBER	
Street Address 576 ISLAND DRIVE		City PALM BEACH	State FL
		Zip 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 MARY J. CREAMER		Date 05/05/2023	
Signature of Authorized Person <i>Mary Jane Creamer</i>			

FILED

MAY 16 2023
BY AAAY
A.A. 3:58 pm

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MAIL TO:
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