

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2019 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.

R.I. DEPT. OF STATE BUS SYCS DIV

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1. Entity ID Number 000787786	2. Exact name of the Limited Liability Company HOUSEHOLD LLC			
3 NAICS Code 814110 5. State of Formation	· · · · · · · · · · · · · · · · · · ·	4. Brief description of the character of business conducted in Rhode Island HOUSEHOLD EMPLOYEES		
RHODE ISLAND				
6. Principal Office Address		City	State	Zip
107 NAYATT ROAD		BARRINGTON	RI	02806
7. Mailing Address of Limit	ed Liability Company and Name or Tit	e 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 info	ormation currently of record with the RI	Department of State is accurate	e. Changes require	filing Form 642.
	ury, I declare and affirm that I have e statements contained herein are tru		any accompany	ing schedules and
Name of Authorized Perso	on .		Date	
MARY J. CREAME	R		05/05/2023	
Signature of Authorized P	erson une Cocamar		•	
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MAY 1 6 2023

MAIL TO:

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