

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

Annual Report for the year:

Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

44	Q	

1. Entity ID Number	Jumber 2. Exact name of the Limited Liability Company				
001723470	Eau Claire, LLC				
3. NAICS Code 531110	Brief description of the character of business conducted in Rhode Island Self Directed IRA				
5. State of Formation R.I.					
6. Principal Office Address 514 Harris Avenue		City Woonsocket	State R.I.	Zip 02895	
7. Mailing Address of Limite	ed Liability Company and Name	or Title of Contact Person			
Contact Name Marcel L.		Contact Title Manager	Contact Title		
Street Address 514 Harris Avenue		City Woonsocket	State R.I.	^{Zip} 02895	
8. The Resident Agent info	rmation currently of record with	the RI Department of State is accura	ate. Changes require	e filing Form 642.	
9 Under negalty of periu	rv. I declare and affirm that I h	have examined this report, includi	ing any accompany	ring schedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Person Marcel L. Auclair			Date 02/13/2024		
Signature of Authorized Pe	erson Land	us			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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