



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED 5-23-2024

MAY 23 2024

BY Y. H. H.

1. Entity ID Number 1667941		2. Exact name of the Corporation Beast Coast Luxury Inc.									
3. Principal Office Address 23 Cheryl Circle			City Taunton	State MA	Zip 02780						
4. NAICS Code 711510		6. Brief description of the character of business conducted in Rhode Island Luxury concierge									
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Austin Cedeno			Vice-President Name None								
Street Address 471 Plainfield Street			Street Address								
City Providence	State RI	Zip 02909	City	State	Zip						
Secretary Name Austin Cedeno			Treasurer Name Austin Cedeno								
Street Address 471 Plainfield Street			Street Address 471 Plainfield Street								
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Austin Cedeno			Director Name None								
Street Address 471 Plainfield Street			Street Address								
City Providence	State RI	Zip 02909	City	State	Zip						
Director Name None			Director Name None								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>								
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	Common	No Par Value									
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.											
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 Representative Austin Cedeno					Date 3/24/24						
Signature of Authorized Representative 											

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov