



State of Rhode Island

## Department of State - Business Services Division

FILED

APR 21 2025

Annual Report for the year: 2025

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.



BY 468

|                                                                                                                                                                                                             |  |                                                                                                                                                                   |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1. Entity ID Number<br>000141317                                                                                                                                                                            |  | 2. Exact name of the Limited Liability Company<br>BEAUSOLEIL REALTY, LLC                                                                                          |             |
| 3. NAICS Code<br>531390                                                                                                                                                                                     |  | 4. Brief description of the character of business conducted in Rhode Island<br>Purchase, sell, lease and manage real estate including and development of the same |             |
| 5. State of Formation<br>RI                                                                                                                                                                                 |  |                                                                                                                                                                   |             |
| 6. Principal Office Address<br>330 Station Street, Ste A                                                                                                                                                    |  | City<br>Cranston                                                                                                                                                  | State<br>RI |
|                                                                                                                                                                                                             |  | Zip<br>02910                                                                                                                                                      |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |  |                                                                                                                                                                   |             |
| Contact Name<br>Scott Beausoleil                                                                                                                                                                            |  | Contact Title<br>Member                                                                                                                                           |             |
| Street Address<br>330 Station Street, Ste A                                                                                                                                                                 |  | City<br>Cranston                                                                                                                                                  | State<br>RI |
|                                                                                                                                                                                                             |  | Zip<br>02910                                                                                                                                                      |             |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |  |                                                                                                                                                                   |             |
| <i>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.</i> |  |                                                                                                                                                                   |             |
| Name of Authorized Person<br>Scott Beausoleil                                                                                                                                                               |  | Date<br>4/19/2025                                                                                                                                                 |             |
| Signature of Authorized Person<br>                                                                                                                                                                          |  |                                                                                                                                                                   |             |

## MAIL TO:

Division of Business Services

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