



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|   |       |  |                                 |                     |     |
|---|-------|--|---------------------------------|---------------------|-----|
| 1. Entity ID No.<br><b>140366</b>   |       | 2. Exact name of the limited liability company<br><b>Bellevue Trust Company LLC</b>              |                                 |                     |     |
| 3. State of Formation<br><b>Delaware</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Investment</b> |                                 |                     |     |
| 5. Principal office address<br><b>601 Bellevue Avenue</b>   |       | City<br><b>Newport</b>   | State<br><b>RI</b>              | Zip<br><b>02840</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |  |                                 |                     |     |
| Contact Name<br><b>Steven B. Callahan</b>   |       |  | Contact Title<br><b>Manager</b> |                     |     |
| Street Address<br><b>c/o Mintz Levin, 666 3rd Avenue, 24th Floor</b>  |       | City<br><b>New York</b>  | State<br><b>NY</b>              | Zip<br><b>10017</b> |     |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<br>( "X" BOX FOR ATTACHMENT ) <input type="checkbox"/> |       |  |                                 |                     |     |
| Manager Name  |       | Manager Name   |                                 |                     |     |
| Street Address  |       | Street Address   |                                 |                     |     |
| City  | State | Zip  | City                            | State               | Zip |
| Manager Name  |       | Manager Name   |                                 |                     |     |
| Street Address  |       | Street Address   |                                 |                     |     |
| City  | State | Zip  | City                            | State               | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND   |       |  |                                 |                     |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.   |       |  |                                 |                     |     |

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By: \_\_\_\_\_  
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**FILED**

SEP 19 2013

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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.

Signature of Authorized Person \_\_\_\_\_ Date **9/10/2013**

**Steven B. Callahan**  
 Print or Type Name of Authorized Person