

## 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 2015

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. 140366	2. Exact na Belleyu	2. Exact name of the limited liability company Bellevue Trust Company LLC				
3. State of Formation  Delaware	4. Brief des Investm	4. Brief description of the character of business conducted in Fithode Island Investment  Investment				
5. Principal office address 601 Bellevue Avenue			City Newport	State RI	Zip 02840	
MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA Contact Name     Steven B. Callahan			AME OR TITLE OF CONTACT PERSON: Contact Title Manager			
Street Address c/o Mintz Levin, 666 3rd Avenue, 24th Floor			City New York	State NY	Zp 10017	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACE	(NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPANY,	F APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	{Zip	
Manager Name			Manager Name	Manager Name		
Breel Address			Street Address	Street Address		
ity	State	Zip	City	State	Zip	
		<u> </u>				
. RESIDENT AGENT IN R	HODE ISLAND		etary of State. Changes require			

## **FILED**

OCT 1 3 2015

BY T	50)
File Date	Under penalty of perjury, I declare and affirm that I have examined this keport, including any accompanying schedules and statements,
Check No	and that all statements contained herein are true and correct.
8y:	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Stoven B. Callahan
	Print or Type Name of Authorized Person
onn No. 683 evised: 01/2012	