RI SOS Filing Number: 201750063310 Date: 9/18/2017 4:00:00 PM



## 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 2017

Filling 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.

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name Steven B. Callahan  City Manager Name  Street Address  City State  Street Address  City State  Street Address  City State  Street Address	1. Entity ID No.		2. Exact name of the limited liability company				
Delaware  5. Principal office address 601 Bellevue Avenue  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name Steven B. Callahan  Street Address c/o Mintz Levin, 666 3rd Avenue, 24th Floor  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT  ("X" BOX FOR ATTACHMENT)  Manager Name  Manager Name  Street Address  City  State  Manager Name  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address	140366	Bellevue	Trust Company	y LLC			
State   Stat	3. State of Formation		•	ter of business conducted in Rhi	ode island	2200	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name Steven B. Callahan  Street Address c/o Mintz Levin, 666 3rd Avenue, 24th Floor  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT ("X" BOX FOR ATTACHMENT)  Manager Name  Street Address  City  State  Zip  City  State  Manager Name  Street Address  Street Address  Street Address  Street Address	Delaware	Investme	(((3)(3)))				
Contact Name Steven B. Callahan  Street Address c/o Mintz Levin, 666 3rd Avenue, 24th Floor  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT. ("X" BOX FOR ATTACHMENT)  Manager Name  Manager Name  Street Address  City  State  Zip  City  State  Manager Name  Street Address  Street Address  Street Address  Street Address	601 Bellevue Ave	nue		Newport	RI	7ip 02840	
Street Address  Street Address  City New York  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT ("X" BOX FOR ATTACHMENT)  Manager Name  Manager Name  Street Address  City State  Zip City State  Manager Name  Street Address  Street Address  Street Address  Street Address	6. MAILING ADDRESS	OF LIMITED LIABILIT	Y COMPANY AND		PERSON:		
C/O Mintz Levin, 666 3rd Avenue, 24th Floor  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT ("X" BOX FOR ATTACHMENT)  Manager Name  Manager Name  Street Address  City  State  Zip  City  Manager Name  Street Address  Street Address  Street Address  Street Address		ın		Contact Title			
("X" BOX FOR ATTACHMENT)  Manager Name  Street Address  City  State  Zip  City  Manager Name  Manager Name  Street Address  State  State  Street Address  Street Address	Street Address c/o Mintz Levin, 6	66 3rd Avenue, 2	4th Floor	City New York		Zip 10017	
Manager Name  Street Address  Street Address  City  State  Zip  City  Manager Name  Manager Name  Street Address  Street Address  Street Address	7. LIST ALL MANAGER	RS (NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY	, IF APPLICABLE - DO	NOT LIST MEMBERS	
City State Zip City State  Manager Name Manager Name  Street Address Street Address	<u></u>			Manager Name			
Manager Name  Manager Name  Street Address  Street Address	Street Address			Street Address			
Street Address Street Address	City	State	Zip	City	State	Zip	
Sireer Address	Manager Name			Manager Name	Manager Name		
	Street Address		·-··	Street Address	,		
City State Zip City State	City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND	8. RESIDENT AGENT I	N RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	This information is cu	rrently of record in th	e Office of the Sec	retary of State. Changes requi	re filing Form 642.		
					FILED		
FILED				BY_	SEP 1 8 2017	29	

File Date \_\_\_\_\_
Check No \_\_\_\_\_

By: \_\_\_\_\_
FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, and that all statements pontained herein are true and correct.

9/13/2017

Signature of Authorized Person

Date

Steven B. Callahan

Print or Type Name of Authorized Person