



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street, Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No. 121843		2. Exact name of the limited liability company Belltower Plaza, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE RENTALS	
5. Principal office address 301 MILLIKEN BOULEVARD, P.O. BOX 871		City FALL RIVER	State MA
		Zip 02722	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name EDWARD J CAPUANO		Contact Title .	
Street Address 301 MILLIKEN BOULEVARD, P.O. BOX 871		City FALL RIVER	State MA
		Zip 02722	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• City
• Manager Name	•	•	• State
Street Address	•	•	• Zip
City	State	Zip	• City
•	•	•	• State
•	•	•	• Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name PAUL S. HORVITZ		Address 44 HAZARD AVENUE	
Address		City PROVIDENCE	Zip 02906

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



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File Date 9-7-07

Check No. 5675

By: mnc

FOR SECRETARY OF STATE USE ONLY

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 3/8/07
Date
EDWARD J. CAPUANO
Print or Type Name of Authorized Person