



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

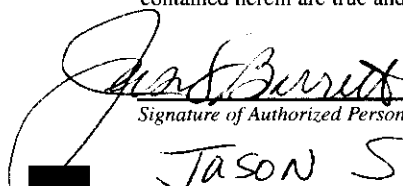
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 145866		2. Exact name of the limited liability company Bellmore, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE AND MANAGEMENT OF REAL ESTATE	
5. Principal office address 105 ROSE TWIG LANE		City NORTH WALES	State PA
		Zip 19454	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JASON BARRETT		Contact Title MEMBER, MANAGER	
Street Address 105 ROSE TWIG LANE		City NORTH WALES	State PA
		Zip 19454	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name Jason Barrett		Manager Name Monica KANTNER	
Street Address 105 ROSE TWIG LANE		Street Address 105 ROSE TWIG LANE	
City NORTH WALES	State PA	City NORTH WALES	State PA
Zip 19454		Zip 19454	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 CASTLE KEEP		Address	
Address 44 EVERETT STREET		City NEWPORT	Zip 02840

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

File Date	FILED
Check No.	OCT 24 2007
By:	MR
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
Date **9-20-07**
JASON S. BARRETT
Print or Type Name of Authorized Person