RI SOS Filing Number: 200702891450 Date: 10/24/2007 4:00 PM

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.	2. Exact name of the limited liability company
145866	Bellmore, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	PURCHASE AND MANAGEMENT OF REAL ESTATE

5. Principal office address	City	State	Zip
105 Rose Twig Lane	North Wales	PA	19454

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Jason Barrett	Member, Manager

Street Address	City	State	Zip
105 Rose Twig Lane	North Wales	PA	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	Street Address	City	State	Zip
Jason Barrett	105 Rose Twig Lane	North Wales	PA	19454
Monica Kantner	105 Rose Twig Lane	North Wales	PA	19454

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
CASTLE KEEP	44 EVERETT STREET	NEWPORT	02840-

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

[redacted] [redacted]

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.

Jason Barrett 9-20-07
Signature of Authorized Person *Date*

[redacted]

Jason S. Barrett
Print or Type Name of Authorized Person

File Date _____
Check No. FILED
By: OCT 24 2007 MK
16163-37-19871

FOR SECRETARY OF STATE USE ONLY
By

Form 632 Rev. 07/07