



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 116619		2. Name of Corporation Bellevue House, Inc.			
3. Street Address Principal Business Office P.O. Box 129			City Block Island	State RI	Zip 02807
4. Business Phone No. 401-466-2912		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To own and Operate an Inn					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John R. Leone			Vice President Name Kelly A. Leone		
Street Address P. O. Box 129			Street Address P. O. Box 129		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name Kelly A. Leone			Treasurer Name John R. Leone		
Street Address P. O. Box 129			Street Address P. O. Box 129		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kelly A. Leone			Director Name John R. Leone		
Street Address P. O. Box 129			Street Address P.O. Box 129		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
Number of Shares			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Class/Series			Number of Shares		
Par Value			Class/Series		
1,000 No Par Value			200		
			A		
			No Par Value		
THIS SECTION MUST BE COMPLETED					

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	FILED
Check No.	FEB 26 2008
By	By DS 3871
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: John R. Leone Date: 2/11/08
 Print or Type Name: JOHN R LEONE
 Title: PRKS