

2. Name of Corporation

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 2009

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.

116619	l Bellevue F	nouse, Inc.				
3. Street Address Principal Business Office P.O Box 129		City Block Island	State BI	7 <i>ip</i> 02807		
4. Business Phone No. 401-466-2912		5. State of Incorpor Rhode Island	State of Incorporation hode Island			
6. Brief Description of the Che To own and Operate		cted in Rhode Island				
7. NAMES AND ADDR	ESSES OF THE OFFI	CERS: ("X" BOX FOR	ATTACHMENT) FILL IN S	SPACES BEFORE USING	ATTACHMENTS	
President Name	••		Vice President Name	•		
John R. Leone			Kelly A. Leone			
Street Address P. O. Box 129			Street Address P.O. Box 129			
сиу Block Island	State RI	^{Ζφ} 02807	<i>сиу</i> Block Island	State RI	Zip 02807	
Secretary Name Kelly A. Leone			Treasurer Name John R. Leone			
Street Address P. O. Box 129			Nreet Address P. O. Box 129			
City Block Island	State RI	^{Zip} 02807	Cuy Block Island	State RI	^{⊠р} 02807	
	ESSES OF THE DIRF	CTORS: ("X" BOX FO	R ATTACHMENT) [FILL IN	N SPACES BEFORE USIN	NG ATTACHMENTS	
Director Name			Director Name			
Kelly A. Leone			John R. Leone			
Street Address			Street Address			
P, O, Box 129 State Zip			P.O. Box 129 City State Zip			
City Block Island	RI	02807	Block Island	RI	02807	
Director Name	Jni	J02607	Director Name		[02607	
Street Address			Street Address			
City	State	Zip	СНу	State	Zip	
9. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR	ATTACHMENT)	in the contract of the contrac	 <i>("X" BOX FOR ATTAC</i> CTION <u>MUST</u> BE COMPLETED		
Number of Shares Class/Series Par Value			Number of Shares	Class/Series	Par Value	
1,000 No Par Value			200	A	No Par Value	
			7448 SEČ			
This report must be exe	ecuted on behalf of th	he corporation by an aut	horized representative. If the c	corporation is in the hand	ds of a receiver or trustee.	
		e corporation by the rec				
			Under penalty of r	perjury, 1 declare and affirm	that I have examined this rep	
			including any acco	ompanying schedules and si	tatements, and that all stateme	
2.	2 19		contained herein a	re true and correct	· Ilailag	
File Date	2-01			TOK BOX	2 1126 07	
	<i>3221</i> 0		Signature	Ĭ	Date	
Check No.	<u> </u>	paradida UN TUUR		JOHN R L	ron ē	
Bv:	mnc_		Print or Type Name			
			PR	ESIDK NT		
FOR SECRETARY	OF STATE USE ONLY		Title			
					Form 630 Rev 12/06	