

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 2010

Filing Period: September 1 - November 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

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. 10 No. 101125	2. Exact name of the lim. Bellman Avenue,	Exact name of the limited liability company Bellman Avenue, LLC						
3. State of Formation Rhode Island	4. Brief descrip Real Esta	tion of the character of the e Development	business which is actually conducted in Rhoo	le Island				
5. Principal office add One Realty Wa	у		City East Providence	st Providence				
6. MAILING ADD Contact Name George Pesce	RESS OF LIMITED LIAI	BILITY COMPANY AN	D NAME OR TITLE OF CONTACT Contact Title	PERSON:	02914			
Street Address One Realty Way	y		City East Providence	State RI	7/ip 02914			
Manager Name Street Address	FILL IN	SPACES BEFORE US	ED LIABILITY COMPANY, IF APPI ING ATTACHMENTS ("X" BOX FO Manager Name	ICABLE - <u>DO NO</u>	LIST MEMBERS			
City			Street Address					
	State	Zip	СИУ	State	Zip			
Manager Name	***************************************		Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip	СИу	State	Zip			
B. RESIDENT AGE This information is o	NT IN RHODE ISLAND currently of record in the	I Office of the Secretary	of State. Changes require filing of For		ing ing Pangalang Pangalang Pangalang Pangalang			

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

101125

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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.

Manal Of a

George Pesce

Signature of Author

Print or Type Name of Authorized Person

Form 632 Rev. 08/08