

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 2011

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	n 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.	

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1. Corporate ID No. 2250	2. Name of Corporation Belvidere Stable	2. Name of Corporation Belvidere Stable, Inc.				
3. Street Address Principal Business Office 1354 Shannock Road		City Charlestown	State RI	<i>Zip</i> 02813		
4. Business Phone No. 5. State of Incorporation Rhode Island				,		
6. Brief Description of the Characte Training, raising, boarding		bode Island			" " "	
7. NAMES AND ANDRESSE	इ.का.माम काया अवस्	(6,50,80) (6,50) (6,50)	<i>qui uestad</i> e ∏aticain space	STEEPORE USING ATT	achments 34 m.	
President Name Nancy S. Sinkler		Vice President Name Nancy S. Sinkler				
Street Address 19155 White Wing Place		Street Address 19155 White Wing Place				
City Tampa	State FL	^{Ζφ} 33647-3092	City Tampa	State FL	zφ 33647-3092	
Secretary Name Nancy S. Sinkler		Treasurer Name Nancy S. Sinkler				
Street Address 19155 White Wing Place		Street Address 19155 White Wing Place				
Tampa	State FL	<i>z</i> φ 33647-3092	City Tampa	State FL	^{Zφ} 33647-3092	
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Director Name Nancy S. Sinkler	and the second		Director Name			
Street Address 19155 White Wing Place		Street Address				
City	State	Zip	City	State	Zip	
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Director Name	•••••••••••••••••••••••••••••••••••••••		Director Name	······		
Street Address		Street Address				
City	State	Zip	City	State	Zip .	
3851 (3 888) 3 00(10) (778) (3			ISSUED SHARES — THIS SECTION)	HAT BE COMPLETED		
mit t 6	6 11 11 000	6.1.6	Number of Shares	Class/Series	Par Value	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		1452	Common	None		
		THIS SECTION	MUST BE COMP			
This report must be executed this report must be executed	on behalf of the corpor on behalf of the corpor MAR 2.1 2011	oration by an authorize ration by the receiver of	d representative. If the corpora or trustee.	tion is in the hands of a	receiver or trustee,	

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BY.	60109				

Under penalty of perjury, I declare and affirm	that I have examined this report,
including any accompanying schedules and s	tatements, and that all statements
contained berein are true and correct.	
Made a Sinter	3-14-2611
Signature	Date

Nancy S. Sinkler

Print or Type Name

President

Title