



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 02904-2611
401.222.3044

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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)(4)) 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) ☐ 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) ☐ 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 City State State Zip Zip

9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

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.	Number of Shares	Class/Series	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.

FILED

File Date FEB 03 2012
Check No. 6013
By: _____
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 1/23/2012

Print or Type Name JOHN R LEONE

Title PRES