



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 752593		2. Exact name of the limited liability company BELVEDERE TWINS LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE LESSOR			
5. Principal office address 228 BELVEREDE DR		City CRANSTON	State RI	Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name LINDA P MARCELLO		Contact Title MEMBER			
Street Address 228 BELVEDERE DR		City CRANSTON	State RI	Zip 02910	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name LINDA P MARCELLO		Manager Name			
Street Address 228 BELVEDERE DR		Street Address			
City CRANSTON	State RI	Zip 02910	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

File Date _____
 Check No _____
 By: _____

FILED
 SEP 13 2012
 BY 129

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.

Linda P. Marcello 9-1-12
 Signature of Authorized Person Date
LINDA P MARCELLO
 Print or Type Name of Authorized Person