



**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

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

*2014*

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <i>138477</i>		2. Exact name of the Corporation <b>Bellevue Square Condominium Association</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Management of condominium property</b>			
5. Principal office address <b>421 Bellevue Avenue Apt 4B</b>		City <b>Newport</b>		State <b>RI</b>	Zip <b>02840</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Robert Stutman</b>			Vice-President Name <b>Richard Ernst</b>		
Street Address <b>421 Bellevue Avenue Apt 3C</b>			Street Address <b>421 Bellevue Avenue Apt 1A</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name <b>Margot Rous</b>			Treasurer Name <b>William Caine</b>		
Street Address <b>421 Bellevue Avenue Apt 2A</b>			Street Address <b>421 Bellevue Avenue Apt 4B</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Robert Stutman</b>			Director Name <b>Richard Ernst</b>		
Street Address <b>421 Bellevue Ave Apt 3C</b>			Street Address <b>421 Bellevue Ave Apt 1A</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Director Name <b>William Caine</b>			Director Name <b>Margot Rous</b>		
Street Address <b>421 Bellevue Ave Apt 4B</b>			Street Address <b>421 Bellevue Ave Apt 2A</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

**FILED**

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

*JUN 06 2014*

BY *1678*

*William Caine* *06-02-2014*

Signature of Officer or Authorized Representative

Date

FOR SECRETARY OF STATE USE ONLY

**William Caine**

Print or Type Name of Officer or Authorized Representative