

## 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 2014

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.		2. Exact name of the limited liability company					
686128	Newport	Newport Belle Holdings, LLC					
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
RI	to buy, s	to buy, sell and manage real estate					
5. Principal office address 2 Potter St	<u> </u>		City Newport	State RI	Zip <b>02840</b>		
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:			
Contact Name Gregory F. Fater, Esq			Contact Title  Member				
Street Address 55 Memorial Blvd			City Newport	State   Zip   <b>02840</b>			
7, LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY	, IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS		
Manager Name N/A			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zíp		
8. RESIDENT AGENT IN R	HODE ISLAND						
This information is currer	ntly of record in th	e Office of the Seci	retary of State. Changes requir	e filing Form 642.			

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Form No. 632 Revised: 01/2012

Under penalty of perjury, I declare and affi this report, including any accompanying s and that all statements contained herein a	chedules and statements.
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Signature of Authorized Person	Date
Eleanor Berman, Member	

Print or Type Name of Authorized Person