

## 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

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## 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. 81408		2. Exact name of the limited liability company BELIVEAU REALTY, LLC					
3. State of Formation RHODE ISLAND		Brief description of the character of business conducted in Rhode Island     OWNING AND OPERATING REAL ESTATE					
5. Principal office address 635 POTTERS AVENUE			City PROVIDENCE	State RI	Zip <b>02907</b>		
	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT PE	RSON:			
Contact Name LEO BELIVEAU			Contact Title MEMBER				
Street Address 635 POTTERS AVENUE			City PROVIDENCE	State <b>RI</b>	Zip <b>02907</b>		
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - <u>Do</u>	NOT LIST MEMBERS		
Manager N -			Manager Name				
Street *			Street Address				
<del>-</del>	٤	7in	- City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
B. RESIDENT AGENT IN RI							
This information is curren	tly of record in the	e Office of the Seci	retary of State. Changes require fil	ing Form 642.			

FILED

File Date
Check No
By:
FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012

Under penalty of perjury, I declare and affirm that I have examin-	ed
this report, including any accompanying schedules and stateme	nts,
and that all statements contained herein are true and correct.	

Signature of Authorized Person

Date

**LEO BELIVEAU** 

Print or Type Name of Authorized Person