



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

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. 138477		2. Exact name of the Corporation Bellevue Square Condominium Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Management of condominium property			
5. Principal office address 421 Bellevue Ave Apt 4B		City Newport	State RI	Zip 02840	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert Stutman		Vice-President Name Richard Ernst			
Street Address 421 Bellevue Ave, Apt 3C		Street Address 421 Bellevue Ave, Apt 1A			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Margot Rous		Treasurer Name William Caine			
Street Address 421 Bellevue Ave, Apt 2A		Street Address 421 Bellevue Ave, Apt 4B			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert Stutman		Director Name Richard Ernst			
Street Address 421 Bellevue Ave, Apt 3C		Street Address 421 Bellevue Ave. Apt 1A			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name William Caine		Director Name Margot Rous			
Street Address 421 Bellevue Ave, Apt 4B		Street Address 421 Bellevue Ave, Apt 2A			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 25 2015

BY 1787

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.

William M Caine 06/20/15
 Signature of Officer _____ Date _____

William M Caine

Print or Type Name of Officer

Treasurer

Title of Officer