Department of	State - B	usiness Servi	ces Division		
Annual Report for the		_			
Limited Liability Com	nanv	70 10			
→ Filing period: Septemb		abor 1			
→ Filing Fee: \$50,00					
→ Penalty: Additional \$25.	00 fee if form	is not filed by De	cember 1.	-	
1. Entity ID Number	2. Exact name of the Limited Liability Company				
150489	BELLEVIEW, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
1)	BED AND BREAKFAST				
5. State of Formation	-				
RHODE ISLAND					
6. Principal Office Address					
22 FREEBODY STREET			City	State	Zip
			NEWPORT	Rí	02840
7. Mailing Address of Limited L	iability Compa	iny and Name or T	itle of Contact Person		
Contact Name ANTHONY ZALOUMIS			Contact Title MANAGER		
Street Address 22 FREEBODY STREET			City NEWPORT	State RI	^{Zip} 02840
8. List ALL managers (names a	and addresses	s) of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS
ANTHONY ZALOUMIS			Manager Name		
Street Address 22 FREEBODY STREET			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
Manager Name			Manager Name	···	
Street Address					
			Street Address		
City	State	Zip	City	State	Zip
9. Resident Agent in Rhode Islan	of This informs	Alan I		Check the box to in	ndicate an attachment
9. Resident Agent in Rhode Islan	iaro and effic	mon is currently of re	cord with the Department of Stat	e. Changes require filing	Form 642.
Under penaity of perjury, I dec statements, and that all statem	ents contain	ed herein are true	minea this report, including and correct.	g any accompanying	schedules and
lame of Authorized Person				Date	
ANTHONY ZALOUMIS				9/3/16	
	-				

MAIL TO:

Division of Business Services

of Authorized Pers

148 W. River Street, Providence, Rhode Island 02904-2615

State of Rhode Island and Providence Plantations

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

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