STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liabilty company
98801	10 BELLEVUE, L.L.C.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	**REAL ESTATE**

5. Principal office address	City	State	Zip
P.O. BOX 360, 366 THAMES STREET	NEWPORT	RI	02840

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
DON MCCALL	

Street Address	City	State	Zip
366 THAMES STREET 2ND FLOOR POBOX 360	NEWPORT	RI	02840-

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS. *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
JON E COHEN	366 THAMES STREET	NEWPORT	RI	02840
DOUGLAS D COHEN	366 THAMES STREET	NEWPORT	RI	02840

8. RESIDENT AGENT IN RHODE ISLAND -*DO NOT ALTER*- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
PATRICK O'N. HAYES, JR. ESQ.	31 AMERICA'S CUP AVENUE	NEWPORT	02840

*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

[redacted] 9 8 8 0 1 [redacted]

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.

[redacted] 11/1/05
Signature of Authorized Person *Date*

Jon Cohen
Print or Type Name of Authorized Person

98801 DLLC 09/12/05 02:10:15 PM
File Date 11/30/05
Check No. 105-P
By:
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liabilty company
98801	10 BELLEVUE, L.L.C.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	**REAL ESTATE**

5. Principal office address	City	State	Zip
P.O. BOX 360, 366 THAMES STREET	NEWPORT	RI	02840

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
DON MCCALL	

Street Address	City	State	Zip
366 THAMES STREET 2ND FLOOR POBOX 360	NEWPORT	RI	02840-

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
DOUGLAS COHEN	366 THAMES ST, PO BOX 360	NEWPORT	RI	02840
Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND -*DO NOT ALTER*- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
PATRICK O'N. HAYES, JR. ESQ	31 AMERICA'S CUP AVENUE	NEWPORT	02840

*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

[redacted] 98801 [redacted]

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.

10/28/04
Signature of Authorized Person *Date*

[redacted] Douglas Cohen, Member
Print or Type Name of Authorized Person

98801 DLLC 09/14/04 01:56:15 PM
File Date 12/16/04
Check No. 1052
By: OA
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liabilty company
98801	10 BELLEVUE, L.L.C.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	REAL ESTATE

5. Principal office address	City	State	Zip
P.O. BOX 360, 366 THAMES STREET	NEWPORT	RI	02840

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
DON MCCALL	CFO

Street Address	City	State	Zip
PO Box 360 366 THAMES STREET 2ND FLOOR	NEWPORT	RI	02840-

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
JON COHEN	PO BOX 360, 366 THAMES STREET	NEWPORT	RI	02840

8. RESIDENT AGENT IN RHODE ISLAND *-DO NOT ALTER-* **Changes require filing of Form 642 - R.I.G.L. 7-16-11**

Agent Name	Address	City	Zip
PATRICK O'N. HAYES, JR.	31 AMERICA'S CUP AVENUE	NEWPORT	02840

*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

[redacted] 98801 [redacted]

98801 DLLC 09/09/03 04:05:19 PM

File Date 12/18/03

Check No. 1045

By: KD

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person — *Date* 12/5/03

Jon Cohen

Print or Type Name of Authorized Person

[redacted]

Form 632 Rev. 6/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liabilty company			
DLC 98801	10 Bellevue, LLC			
3. State of Formation	**4. Brief description of the character of the business which is actually conducted in Rhode Island**			
Rhode Island	Real estate			
5. Principal office address		**City**	**State**	**Zip**
P.O. Box 360, 366 Thames St. 2nd floor		Newport	RI	02840
Contact Name		**Contact Title**		
Don McCall		Chief Financial officer		
Street Address		**City**	**State**	**Zip**
366 Thames St. 2nd floor		Newport	RI	02840

Manager Name	**Manager Name**
Doug Cohen	Jon Cohen
Street Address	**Street Address**
366 Thames St. 2nd floor	366 Thames St. 2nd floor
City / State / Zip	**City / State / Zip**
Newport / RI / 02840	Newport / RI / 02840
Manager Name	**Manager Name**
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

Agent Name		**Address**	
Patrick O'N. Hayes, Jr.			
Address		**City**	**Zip**
fg 31 America's Cup Avenue		Newport	RI 02840

*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

[redacted]

[redacted]

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.

Signature of Authorized Person — *Date* 10/30/02

MANAGER

Print or Type Name of Authorized Person

[redacted]

File Date 11-1-02

Check No. 1038

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

Filing Fee: $50.00

To be filed annually between September 1 and November 1

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 98801 **Annual Report for the year** 2001

1. The name of the limited liability company is:

   10 BELLEVUE, L.L.C.

2. The address of the principal office of the limited liability company is:

   PO Box 360, 366 Thames St. 2nd Floor, Newport, RI 02840

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: PATRICK O'N. HAYES, JR.

   31 AMERICA'S CUP AVENUE NEWPORT RI 02840

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: PO Box 360 Newport, RI 02840

   ATTN: JON COHEN

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state:

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	*Address*
JON COHEN	PO Box 360, 366 Thames St. 2nd Floor, Newport, RI 02840

Dated 9/11/01

98801

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.

10 Bellevue, LLC
Exact Name of Limited Liability Company

By

Principal
Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY
File Date: 9-13-01
Check No.: 1024
By:

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of $50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040, or from our web site at www.state.ri.us

Filing Fee: $50.00

To be filed annually between September 1 and November 1

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number LL 98801 **Annual Report for the year** 2000

1. The name of the limited liability company is:

   10 BELLEVUE, L.L.C.

2. The address of the principal office of the limited liability company is:

   One Bellevue Avenue, Newport, 02840

3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island

4. The name and address of its resident agent is: Patrick O'N. Hayes, Jr.

   31 America's Cup Avenue, Newport, 02840

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Jon E. Cohen, c/o Viking Hotel, One Bellevue Avenue, Newport, 02840

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: to own and operate real estate

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	*Address*
Jon Cohen	3 Division Street Newport R.I. 02840
Doug Cohen	

Dated 10/30/, 00

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.

10 BELLEVUE, L.L.C.
Exact Name of Limited Liability Company

By _____

Jon E. Cohen, Member
Title

11/6
#1020
2e

Form No. LLC-19
Revised 8/97

Filing Fee: $50.00

To be filed annually between September 1 and November 1

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number LL 98801 **Annual Report for the year** 1999

1. The name of the limited liability company is:

   10 BELLEVUE, L.L.C.

2. The address of the principal office of the limited liability company is:

   One Bellevue Avenue, Newport, 02840

3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island

4. The name and address of its resident agent is: Patrick O'N. Hayes, Jr.

   31 America's Cup Avenue, Newport, 02840

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Jon E. Cohen, c/o Viking Hotel, One Bellevue Avenue, Newport, 02840

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: to own and operate real estate

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	*Address*

Dated _____, 1999

9-22-99
1017
AMF

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.

10 BELLEVUE, L.L.C.
Exact Name of Limited Liability Company

By _____

Jon E. Cohen, Member
Title

Form No. LLC-19
Revised 8/97