

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

FORM MUST BE TYPE	D OR PR	RINTED IN BLACK)	Filing Fee: \$50.00						_
<i>I. ID No.</i> 9880 1		LLEVUE, L.L.C	ame of the limited liabilty company LEVUE, L.L.C.						
3. State of Formation			of the character of the busines	s which is actually o	conducted in Rhoo	le Island			
RHODE ISLAND		REAL ESTATE							
5. Principal office addre. P.O. BOX 360,		HAMES STREET	r	City NEWPORT	· · · · · ·	State RI		Zip 02840	_
		and the second of the publication and the second	BILITY COMPANY AI	Contact Title	title of c) ONTACT	PERSON:		ser S
Street Address				City		State		Zip	
366 THAMES STR	EET 2	ND FLOOR POE	юх 360	. NEWPORT		RI		02840-	
August 1	1000	PIEE IN SPACE	GER OF THE LIMET S BEFORE USING ACTA NANAGERS REQUIRES F	CHMENTS: (°2	C BOX FORAT	ACHMEN	7 L	n Berganityenaka 1860 Mari Tengani 18	1000
Manager Name				•Manager Name	_	0	_		
JON E (SHO	N		: Donard D COHEN					
Street Address 366 THA	MGS	STREET		Street Address	THAMS.	2 2	TREET		
City NS WPM Manager Name		State	Zip 02 & 40	City NS-WI	peat	State R.C.		Zip 02840	
Street Address				Street Address					-
City		State	Zip	City		State		Zip	_
8. RESIDENT AGEN gent Name PATRICK O'N. HA) NOT ALTER- Change	s require filin			il. 7-16-11		
Address	1 20, 0	71. LOG.		City			Zip		-
1447-655				NEWPORT			02840		

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

*98801 I	OLLC 09/12/05 02:10:15 PM
File Date_	11/30/05
Check No	105-8
Ву:	\mathcal{A}

Under penalty of perjury, I declare and attri	
this report, including any accompanying sch	nedules and statements,
and that all statements contained herein are	
	11/1/15
Signature of Authorized Person	Date
Jon Cohen	
Print or Type Name of Authorized Person	Form 632 Rev. 6/02



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

-	mber 1 - November 1 ED OR PRINTED IN BLA	•	50.00			
1. ID No. 98801	2. Exact name of the lim 10 BELLEVUE, L.I	ited liabilty company	,			
3. State of Formation			e business which is actually conducte	ed in Rhode Island		
RHODE ISLAND	REAL ESTAT	ľE				
5. Principal office addre			City	State	Zip	
	366 THAMES STR		NEWPORT	RI	02840	
Contact Name DON MCCALL	RESS OF LIMITED 1	LIABILITY COMPA	Contact Title	OF CONTACT PER	RSON:	
Street Address 366 THAMES STREET 2ND FLOOR POBOX 360			<i>City</i> NEWPORT	State RI	Zip 02840-	
7. NAME AND ADD			LIMITED LIABILITY CON			
		ACES BEFORE USING TO MANAGERS REQU	G ATTACHMENTS <i>_("X" BOX</i> JIRES FILING OF AMENDMENT.	FOR ATTACHMENT) BLG.L 7-16-12 (a) (2) (
Manager Name	The Court of the C	e l'atéril persed le papa de l'el papa l'el	•Manager Name	amarikan da Air	della Tostova i coma litera Coma	
	COHEN		•			
Street Address 366 THAM	ves 8t s	26 Ron 36	• Street Address		-	
City	State	Zip	*City	State	Zip	
Manager Name) QE	0284	o ;			
Manager Name			Manager Name			
Street Address			•Street Address		. ,,-	
City	State	Zip	City	State	Zip	
		•	•			
8. RESIDENT AGEN Agent Name	T IN RHODE ISLAND	-DO NOT ALTER- CI	nanges require filing of F	Form 642 - R.I.G.L. 7-1	16-11	
PATRICK O'N. HA	YES. JR. たらか		Address 31 AMERICA'S (TIP AVENUE		
Address	0,0 000		City	Zi,	p	
			NEWPORT	1 -)2840	
		<u></u>				
			·			
This report must be s	signed in ink by an	authorized person	pursuant to 7-16-66.			
•	,	1				
IF III.			1			
				1		
9	8 8 0 1		Under/penalty of p	prium A malara and affir	m that I have examined	
			this report, include	apy accompanying scl	hedules and statements.	
98801 DLLC 09/1	4/04 01:56:15 PM		and/that/all/state/me	nts contained herein are	true and correct.	
File Date 12	16/04	_	Jan 140	Λ	11/28/1	
Check No.	1052		Signature of Authorized Person Day			
	On	_	Mountae C	ohen Member		
By: FOR SECRETARY OF ST	TATE LICE ONLY	-	Print or Type Name of Authorized Person			

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

Form 632 Rev. 6/02



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: Septe (FORM MUST BE TYP)				30.00				
1. ID No. 98801	2. Exac	t name of the limi	ted liabilty company			-		
3. State of Formation	TO BE	LLEVUE, L.L		he business which is actually cond	fucted in Phode Island	. <u></u> .		
RHODE ISLAND		REAL ESTAT		ic business which is deliding cond	iacieu in Knode Islana			
5. Principal office addre				City	State	Zip		
P.O. BOX 360,	366	THAMES STR	EET	NEWPORT	RI	02840		
6. MAILING ADDI Contact Name DON MCCALL	RESS C	r given sdal	LABILITY COMP	ANY AND NAME OR TU Contact Title CC	DE OF CONTACT PE	RSON		
Street Address OO (ROX REET 2	ろらつ ND FLOOR		*City NEWPORT	State RI	Zip 02840-		
7. NAME AND ADI Manager Name		FILL IN SP	CES BEFORE USIN	LIMITED LIABILITY C G AITACHMENTS (*X* B UIRES FILING OF AMENDME • Manager Name	OX FOR ATTACHMENT)			
100 COV	KEN			•				
Street Address		31. ~		• Street Address	·			
10 Box 3	60	366 T State	Zip Zip	*City	10-1-	17:		
"NEW PORT	,	2.7°	284	D:	State	Zip		
Manager Name	• • • •		!	*Manager Name				
Street Address			, <u>, , , , , , , , , , , , , , , , , , </u>	•Street Address	. 327			
City		State	Zip	City	State	Zip		
PATRICK O'N. HA			-DO NOT ALTER- G	hanges require filing of Address 31 AMERICA'S	of Form 642 R.L.GL.7. S CUP AVENUE	-16-11 *********************************		
Address			····	City	Z	ip		
#****		_		NEWPORT		02840		
*98801 DLLC 09/0	8 8	O 1	authorized person	this report, inch and that all state	of perjury, I declare and affi uding any accompanying so ements contained herein are	chedules and statements,		
Check No.	1/ /		-	Signature of Auth	Signature of Authorized Person Date			
Ву:	<u> </u>)	_]		Jon When			
	D SECRETARY OF STATE LISE ONLY			Print or Type Nat	Print or Type Name of Authorized Person			



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

LIMITED LIABILITY COMPANY ANNUA Filing Period: September 1 - November 1 • Filing Fee: \$50.00	L REPORT FOR	THE YEAR _	3003
(FORM MUST BE TYPED OR PRINTED IN BLACK)			
1. 1D No. 2. Exact name of the limited liability company DUC 9880 Dellevue, 1,1 (
3. State of Formation 4. Brief description of the character of the busines Rhode Island Real estate	ss which is actually conducted in Rho	de Island	
5. Principal office address P.O. 100X 360, 366 Thames St. 2nd floor		State RT	Zip 02840
Contact Name On McCall		l Officer	
366 Thames St. and floor	: Newport	State RI	02840
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Manager Name Doug Cohen Street Address	•Manager Name : Jon Cohem •Street Address		
366 Thames St. and Ploor	: 366 Thames	St 2Na floor	
Manager Name New York O2940	Newport Manager Name	IFE	^z / ₀ 2840
Street Address	• Street Address	· 	
City State Zip	City	State	Zip
्रमुवादानी स्टेस्ट्रा	receipe Mice Strome	392- Terret Porsition	
Patrick O'N. Hoyes, Jr.	Address		
19 31 america's Cup Avenue	Newport	Zip.	02840
	·		
This report must be signed in ink by an authorized person pursual	nt to 7-16-66.	•	

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File Date_				
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	(E)LAKT (UF)	ilaie us	E UNLY	

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. MANAU FR
Print or Type Name of Authorized Person Form 632 Rev. 6/02 Filing Fee: \$50.00

To be filed annually between September 1 and November 1

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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

	TO EN EILIT OOM AIT
ID Number DLLC 98801	Annual Report for the year 2001
The name of the limited liability company	is:
10 BELLEVUE, L.L.C.	
2. The address of the principal office of the li	imited liability company is:
PO BOX 360, 366 Th	anco St. 2nd 7100r, Newport R1 02840
•	ws of which it is formed is RHODE ISLAND
4. The name and address of its resident age	
31 AMERICA'S CUP AVENUE NEWPOR	
	liability company and the name or title of a person to whom communications
	D Newport R1 02840
Attn: Jon Conen	J. 1000011 12 12 12 12 12 12 12 12 12 12 12 12 1
	business in which the limited liability company is actually engaged in this
	ers, the name and address of each manager of the limited liability company Address
Jon Cohen	PO Box 360, 364 Manuast. 2nd 7000, Newport, Ri 0284
Dated 9/11 D 9 8 8 0 1 FOR SECRETARY OF STATE USE ONLY File Date: 9-13-01 Check No.: 1024	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. D De Device L C Exact Name of Limited Liability Company By Principal
Ву:	Title Form No. 632 Revised 01/99

DETACH BOFTOM BEFORE RETURNING

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

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

LIMITED LIABILITY COMPANY

ID N	umber	LL 98801	Annual Report for the year 2000
1.	The name	of the limited liability compan	
• •		,	γ 1 5 .
	10 BELLE	VUE, L.L.C.	
2.		ss of the principal office of the	limited liability company is:
	One Belley	rue Avenue, Newport, 02840	
3.	The state of	or other jurisdiction under the	laws of which it is formed is: Rhode Island
4.	The name	and address of its resident ag	ent is: Patrick O'N. Hayes, Jr.
	31 America	a's Cup Avenue, Newport, 02	840
5.	The curren	it mailing address of the limite	d liability company and the name or title of a person to whom
_			on E. Cohen, c/o Viking Hotel, One Bellevue Avenue, Newport, 02840
			STE 95.16.1, GO VIKING FISCO, OTTO BOROVAC FIVE INC., NEWDOTL, 02040
6.	A brief sta	tement of the character of t	he business in which the limited liability company is actually engaged in this
		wn and operate real estate	
	If the limit	ted liability company has n	nanagers, the name and address of each manager of the limited liability
		Name	Address
	Ion	Chen	3 Division Start Nuppet R. I. 02840
	Day C	Chen	
	<u> </u>		
Date		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.
	1	1/10	10 BELLEVUE, L.L.C.
	/ - /	1/6 +1020	Exact Name of Limited Liability Company
	71	7	Ву
		C	Jon E. Cohen, Member Title

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

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

LIMITED LIABILITY COMPANY

mber <u>LL 98801</u>	Annual Report for the year1999
he name of the limited liability comp	any is:
he address of the principal office of to One Bellevue Avenue, Newport, 0284	
he state or other jurisdiction under th	e laws of which it is formed is: Rhode Island
he name and address of its resident and 1 America's Cup Avenue, Newport, (
	ited liability company and the name or title of a person to whom Jon E. Cohen, c/o Viking Hotel, One Bellevue Avenue, Newport, 02840
ate: to own and operate real estate	the business in which the limited liability company is actually engaged in this
the limited liability company has ompany	managers, the name and address of each manager of the limited liability
Name	Address
19 <u>99</u> 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. Cenen, Member
	he name of the limited liability composition of the principal office of the principal office of the pellevue Avenue, Newport, 0284 he state or other jurisdiction under the name and address of its resident of the name and address of its resident of the current mailing address of the limited manufactions may be directed are: brief statement of the character of the limited liability company has mpany Name

Form No. LLC-19 Revised 8/97