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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
FEB 26 2018
BY 22216

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
46024	Bellows Street Corporation

3. Principal Office Address	City	State	Zip
506 Warwick Avenue	Warwick	RI	02888

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
53	purchase, development, sale and leasing of real estate
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Alexander J. Petrucci			Vice-President Name: Michael Caito		
Street Address: 15 Robertson Road			Street Address: 506 Warwick Avenue		
City: Narragansett	State: RI	Zip: 02882	City: Warwick	State: RI	Zip: 02888
Secretary Name: Michael Caito			Treasurer Name: Alexander J. Petrucci		
Street Address: 506 Warwick Avenue			Street Address: 15 Robertson Road		
City: Warwick	State: RI	Zip: 02888	City: Narragansett	State: RI	Zip: 02882

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2000	Common	No Par Value

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Name of Authorized Representative	Date
Michael Caito	2/15/18

Signature of Authorized Representative: Michael Caito SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017