Sta	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
148 W. River Street			
Providence RI 02904-2615 (401) 222-3040			
HOPE	(401) 222-304	ŧŪ	
Limited Liability Comp Annual Report Filing Period: September 1 - J	·		
	-16-66(d), each limited liability comp thirty (30) days after the time presc enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2018		
1. ID No. 000788435			
2. Exact Name of the Limited Liability Company <u>BELCOUR WALCOTT LLC</u>			
3. State of Formation			
State: <u>RI</u>			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>999999</u>			
4. Brief Description of the	Character of the Business Which	is Actually Conducted in Rh	ode Island
OWNS A HOME IN JAM	IESTOWN RI		
5. Principal Office Address	6		
No. and Street: 57 W	ALCOTT AVE		
	<u>ESTOWN</u> State: <u>R</u>	<u>I</u> Zip: <u>02835</u> Country	ry: <u>USA</u>
6. Mailing Address of Limi	ted Liability Company and Name	or Title of Contact Person:	
Contact Name: BASIL WIL	LIAMS Contact Title:		
No. and Street: 400 H	IIGHVIEW RD		
City or Town: ENGL	<u>EWOOD</u> State: <u>N</u>	<u>I</u> Zip: <u>07631</u> Count	ry: <u>USA</u>
7. Name and Address of E DO NOT LIST MEMBERS	ach Manager of the Limited Liab	ility Company, if Applicable.	
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOHN A. MURPHY, ESQ. 77 NARRAGANSETT AVENUE JAMESTOWN, RI 02835

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 11 Day of September, 2018 at 3:02:40 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By BASIL WILLIAMS

Signature of Authorized Person

Form No. 632 Revised 09/07

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