

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) I. ID No. 2. Exact name of the limited liabilty company 102321 37 Bellevue, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP AND MANAGEMENT OF COMMERCIAL REAL ESTATE **RHODE ISLAND** 5. Principal office address State Cirv 37 BELLEVUE AVENUE NEWPORT RI 02840 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title CHRISTINA K WEST Street Address City State 37 BELLEVUE AVENUE . 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) \square ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (8) (2) / 7-16-52 Manager Name · Manager Name Street Address Street Address State Zio °Civ State Zφ Manager Name Manager Name Street Address ·Street Address State 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 WILLIAM W. CORCORAN 31 AMERICA'S CUP AVENUE Address Ciry Žiρ NEWPORT 02840 This report must be signed in ink by an authorized person pursuant to 7-16-66. 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. *102321 DLLC 12:54 PM°ر09/12/05 File Date Check No. CHRISTINA IC Print or Type Name of Authorized Person FOR SECRETARY OF STATE USE ONLY



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

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Manhew A. Brown, Scoretary 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

r iting Feriou: Septen (FORM MUST BE TYPE)		er i 🔍 Filing Fee: \$30 BLACK)					
1. ID No. 102321	2. Exact name of th 37 Bellevue, Ll	name of the limited liabilty company					
3. State of Formation	4. Brief des	cription of the character of the	business which is actually conduct	ed in Rhode Island			
RHODE ISLAND OWNERSHIP AND MANAGEMENT			OF COMMERCIAL REAL ES	TATE			
5. Principal office address 37 BELLEVUE AVENUE			City NEWPORT	State RI	<i>Zip</i> 02840		
6. MAILING ADDR Contact Name CHRISTINA K W		ED LIABILITY COMPA	NY AND NAME OR TITLE Contact Title	E OF CONTACT P	ERSON:		
Street Address			City	State	Zip		
37 BELLEVUE AV	ENUE		NEWPORT	RI	02840-		
	FILL I ANY MODIFICATIO	N SPACES BEFORE USING	ATTACHMENTS ("X" BOX RES FILING OF AMENDMENT Manager Name Paul A. Leys	(FOR ATTACHMENT)			
Street Address		<u></u>		Street Address			
37 Bellevue Av	enue		.37 Bellevue Avenue				
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		
8. RESIDENT AGEN'	IN RHODE IȘI	AND DO NOT ALTER CH	anges require filing of	Form 642 - R.I.GL	7-16-11		
WILLIAM W. CORCORAN			31 AMERICA'S	31 AMERICA'S CUP AVENUE			
Address			City	·	Zıp		
			NEWPORT		02840		

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

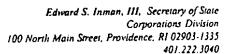


102321	DLLC (2002 03 06 00 54 PM
File Date	
	OCT 09 2003
Check No	- VIII
D	By KIRL GAN
B <u>y:</u>	
FOR SECRE	ETARY OF STATE USE ONLY

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.

Chrotina K. West 10/7/03
Signature of Authorized Person Date

CHRISTINA K. WEST Print or Type Name of Authorized Person





FOR SECRETARY OF STATE USE ONLY

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: Septe (FORM MUST BE TYPI			Filing Fee: \$50.00			
1. ID No. *102321*	2. Exact	name of the limited lia ellevue, LLC	bilty company			
3. State of Formation		4. Brief description of	the character of the bust	ness which is actually conducted	d in Rhode Island	
RHODE ISLAND		OWNERSHIP AND	MANAGEMENT OF	COMMERCIAL REAL EST	ATB 	<u> </u>
5. Principal office addr	ess			City	State	Zip
37 BELLEVUE A				NEWPORT	RI	02840
Contact Name	RESS C	F LIMITED LIAB	ILITY COMPANY	AND NAME OR TITLE Contact Title	OF CONTACT PE	RSON:
Street Address				City	State	Zip
37 BELLEVUE A	VENUE			. NEWPORT	RI	02840-
<u> </u>		FILL IN SPACES	BEFORE USING AT	TACHMENTS ("X" BOX S FILING OF AMENDMENT. • Manager Name	FOR ATTACHMENT) L	J
Manager Name Chris	tina	K. West			l A. Leys	
Street Address 37 Be	llev	ue Avenue		Street Address	Bellevue Av	enue
City		State	Zip 02840	*City	State R I	Zip 02840
Newpo	· · · ·	RI]02840	Newport Manager Name] 02040
Street Address		<u> </u>		·Street Address		
City		State	Zip	City	State	Zip
8. RESIDENT AGE Agent Name WILLIAM W. CO			NOT ALTER- Chan	Address 31 AMERICA'S		7-16-11
Address	·			City		Zip
				NEWPORT		02840
This report must b	e signe	din ink by an aut	horized person pu		perjury. I declare and a	ffirm that I have examined
**102321* 9/27/ File Date	023:04:	24 PM° 1 0 2 3 9 8		this report, include and that all states and that all states are signature of Author	ling any accompanying nents contained herein and the line of the l	schedules and statements.
		712		Christina	K West	

Print or Type Name of Authorized Person



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

The s

LIMITED LIABILITY COMPANY

ID	Number <u>DLLC 102321</u>	Annual Report for the year 2001	
1.	The name of the limited liability company is:		
	37 Bellevue, LLC		
2.	The address of the principal office of the limited liability company is:		
	37 Bellevue Avenue,	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: WILLIAM W. CORCORAN			
	31 AMERICA'S CUP AVENUE NEWPO	ORT RI 02840	
5.	5. The current mailing address of the limited liability company and the name or title of a person to whom communication may be directed are: 37 Bellevue Avenue, Newport, RI 02840		
	Christin	a K. West	
6.	A brief statement of the character of	the business in which the limited liability company is actually engaged in this	
	state: ownership and manag	ement of commercial real estate	
7.	If the limited liability company has mana Name	agers, the name and address of each manager of the limited liability company Address	
	Christina K. West Paul A. Leys	37 Bellevue Avenue, Newport, RI 02840 37 Bellevue Avenue, Newport, RI 02840	
Da	ated September 2001	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.	
	1 0 2 3 2 1 FOR SECRETARY OF STATE USE ONLY	27 Bcllevue, LLC Exact Name of Limited Liability Company	
File	: Date: /0-/-0/	By Christina X. West	
Che	eck No.: 1310	Christina K. West. Manager Title	
Ву		Form No. 632 Revised 01/99	

DETACH BOTTOM 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 Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID	Number	DLLC	102321

ID	Number DLLC 102321	Annual Report for the year 2000			
1.	The name of the limited liability compa	ny is:			
	37 Bellevue, LLC				
2. The address of the principal office of the limited liability company is:					
	37 Bellevue Avenue, Newpor	t, RI 02840			
3.					
4. The name and address of its resident agent is: WILLIAM W. CORCORAN					
••	PORT RI 02840				
5.					
6.7.	state:ownership and manager	the business in which the limited liability company is actually engaged in this ment of commercial real estate nagers, the name and address of each manager of the limited liability company Address			
	Christina K. West	37 Bellevue Avenue, Newport, RI 02840			
	Paul A. Leys	37 Bellevue Avenue, Newport, RI 02840			
D	ated March 19, 2001	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. 37 Bellevue, LLC Exact Name of Limited Liability Company			
	FOR SECRETARY OF STATE USE ONLY le Date: 3-27-00 heck No.: 1256	Christina K. West Manager Tite Form No. 632 Revised 01/99			

Filing Fee: \$50.00

By:

To be filed annually between September 1 and November 1

Form No. 632

Revised 01/99



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

	L	IMITED LIABILITY COMPANY		
ID	Number <u>LL 102321</u>	Annual Report for the year 1999		
1.	The name of the limited liability compan	y is:		
	37 Bellevue, LLC			
2.	The address of the principal office of the	e limited liability company is:		
	37 Bellevue Avenue, Newport,	, RI 02840		
3.	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: WILLIAM W. CORCORAN				
	31 AMERICA'S CUP AVENUE NEWP	ORT, RI 02840		
	may be directed are:37 Bellevue	ed liability company and the name or title of a person to whom communications Avenue, Newport, RI 02840 Attention: Christina K. West		
6.	A brief statement of the character of t state: ownership and management	he business in which the limited liability company is actually engaged in this t of commercial real estate		
7.	If the limited liability company has mana Name	egers, the name and address of each manager of the limited liability company. **Address**		
	Christina K. West	37 Bellevue Avenue, Newport, RI 02840		
	Paul A. Leys	37 Bellevue Avenue, Newport, RI 02840		
Dat	September 1, 1999 * 1 0 2 3 2 1 *	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. 37 Bellevue, LLC Exact Name of Limited Liability Company		
	FOR SECRETARY OF STATE USE ONLY Date: 9-8-99	By Christina K. West		
Chec	ck No.: 1092	Manager Title		
	•	THU		