



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. 102321		2. Exact name of the limited liability company 37 Bellevue, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP AND MANAGEMENT OF COMMERCIAL REAL ESTATE	
5. Principal office address 37 BELLEVUE AVENUE		City NEWPORT	State RI Zip 02840
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name CHRISTINA K WEST Contact Title			
Street Address 37 BELLEVUE AVENUE		City NEWPORT	State RI Zip 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) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name WILLIAM W. CORCORAN		Address 31 AMERICA'S CUP AVENUE	
Address		City NEWPORT	Zip 02840

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



1 0 2 3 2 1

102321 DLLC 09/12/05 02:12:54 PM
File Date 11/10/05
Check No. 130
By: [Signature]
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.

Christina K West 10/5/05
Signature of Authorized Person Date
CHRISTINA K WEST
Print or Type Name of Authorized Person



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. 102321		2. Exact name of the limited liability company 37 Bellevue, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP AND MANAGEMENT OF COMMERCIAL REAL ESTATE	
5. Principal office address 37 BELLEVUE AVENUE		City NEWPORT	State RI
		Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CHRISTINA K WEST		Contact Title	
Street Address 37 BELLEVUE AVENUE		City NEWPORT	State RI
		Zip 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) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name CHRISTINA K. WEST		*Manager Name	
Street Address 37 BELLEVUE AVE		*Street Address	
City NEWPORT	State RI	Zip 02840	*City
*Manager Name		*State	
Street Address		*Zip	
City		*City	
State		*State	
Zip		*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 WILLIAM W. CORCORAN		Address 31 AMERICA'S CUP AVENUE	
Address		City NEWPORT	Zip 02840

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



1 0 2 3 2 1

102321 DLLC 09/27/04 10:15:47 AM

File Date 11/10/04

Check No. 1567

By: W.

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.

Christina K. West 9/29/04
Signature of Authorized Person Date

Christina K. West
Print or Type Name of Authorized Person



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. 102321		2. Exact name of the limited liability company 37 Bellevue, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP AND MANAGEMENT OF COMMERCIAL REAL ESTATE	
5. Principal office address 37 BELLEVUE AVENUE		City NEWPORT	State RI Zip 02840
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name CHRISTINA K WEST Contact Title			
Street Address 37 BELLEVUE AVENUE		City NEWPORT	State RI Zip 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) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Christina K. West		Manager Name Paul A. Leys	
Street Address 37 Bellevue Avenue		Street Address 37 Bellevue Avenue	
City Newport	State RI	City Newport	State RI
Zip 02840	Zip 02840	Zip 02840	Zip 02840
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip	Zip	Zip	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 WILLIAM W. CORCORAN		Address 31 AMERICA'S CUP AVENUE	
Address		City NEWPORT	Zip 02840

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



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.

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

CHRISTINA K. WEST
Print or Type Name of Authorized Person

102321 DLLC FILED OCT 09 2003 06:54 PM
File Date
Check No.
By: K. West
FOR SECRETARY OF STATE USE ONLY



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. *102321*		2. Exact name of the limited liability company 37 Bellevue, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP AND MANAGEMENT OF COMMERCIAL REAL ESTATE	
5. Principal office address 37 BELLEVUE AVENUE		City NEWPORT	State RI Zip 02840
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name CHRISTINA K WEST Contact Title .			
Street Address 37 BELLEVUE AVENUE		City NEWPORT	State RI Zip 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) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name Christina K. West		Manager Name Paul A. Leys	
Street Address 37 Bellevue Avenue		Street Address 37 Bellevue Avenue	
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 WILLIAM W. CORCORAN		Address 31 AMERICA'S CUP AVENUE	
Address		City NEWPORT	Zip 02840

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



* 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.

Christina K. West 10/2/02
Signature of Authorized Person Date

Christina K. West

Print or Type Name of Authorized Person

**102321* 9/27/023:04:24 PM*

File Date 11-4-02

Check No. 1398

By: [Signature]

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 102321

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 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: 37 Bellevue Avenue, Newport, RI 02840

Christina 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 management of commercial real estate

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

Christina K. West
Paul A. Leys

37 Bellevue Avenue, Newport, RI 02840
37 Bellevue Avenue, Newport, RI 02840

Dated September 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

By

Christina K. West

Christina K. West, Manager

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date:

10-1-01

Check No.:

1310

By:

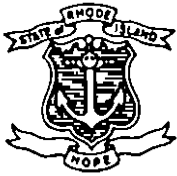
2

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
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 102321

Annual Report for the year 2000

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 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: 37 Bellevue Avenue, Newport, RI 02840, Attn: Christina 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 management of commercial real estate

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

Christina K. West

37 Bellevue Avenue, Newport, RI 02840

Paul A. Leys

37 Bellevue Avenue, Newport, RI 02840

Dated 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

By

Christina K. West

Christina K. West
Manager

Title

FOR SECRETARY OF STATE USE ONLY

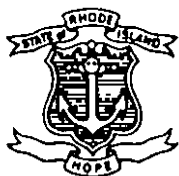
File Date: 3-27-01

Check No.: 1256

By: 2

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 LL 102321

Annual Report for the year 1999

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 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: 37 Bellevue Avenue, Newport, RI 02840 Attention: Christina 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 management of commercial real estate

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

Christina K. West

37 Bellevue Avenue, Newport, RI 02840

Paul A. Leys

37 Bellevue Avenue, Newport, RI 02840

Dated September 1, 1999



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

By

Christina K. West

Christina K. West

Manager

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9-8-99

Check No.: 1092

By: AMF

Form No. 632
Revised 01/99