

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- -> Penalty: Additional \$25.00 fee if form is not filed by December 1.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
160570	BELCHER'S VIEW, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531110		<i>(</i>	مسدم		
5. State of Formation	RENTAL APTS.				
RF					
6. Principal Office Address			City	State	Zip
P.O. BOX 141			WARREN	RI	02885
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name PAUL SAMPSON			Contact Title OWNER		
Street Address 162 Market ST.			CHYWARREN	State 72 T	Zto 07885
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zlp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Ζiρ	City	State	Zip
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person		9-13-19			
Signature of Authorized Person Factor					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

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