RI SOS Filing Number: 202050995200 Date: 8/31/2020 8:32:00 AM



State of Rhode Island

Department of State - Business Services Division

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2020 AUG 31 AM 8: 30

Annual Report for the year: _ 2018 _ Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty. Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2 Exact na	2 Exact name of the Limited Liability Company				
001673263		Bellevue Massage LLC				
3. NAICS Code 812199 5. State of Formation RI	4. Brief des Other pers	4. Brief description of the character of business conducted in Rhode Island Other personal services, and massage scient				
6. Principal Office Addr	ess		City	State	Zip	
122 Touro Street			Newport	RI	02840	
7. Mailing Address of Li	imited Liability Compa	ny and Name o	r Title of Contact Person	I		
Contact Name J. Russell Jackson			Contact Title Registered Agent			
Street Address 122 Touro Street			City Newport	State RI	^{Zip} 02840	
8. List ALL managers (names and addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
				Check the box to	indicate an attachment	
9. The Resident Agent	information currently	of record with th	e RI Department of State is acc	curate. Changes requi	re filing Form 642	
Under penalty of perjo statements, and that a	ury, I declare and aff all statements conta	irm that I have ined herein are	examined this report, includi true and correct.	ing any accompanyli	ng schedules and	
Name of Authorized Person				Date	Date	
J Russell Jackson				8/25/20		
Signature of Authorized	Person	Mil	1///			
		- 11 100				

MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

AUG 3 1 2020

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FORM 632 - Revised: 08/2020