	State of Rhod Office of the Secre		Fee: \$50.00
	Division Of Busine	ss Services	
	148 W. River		
	Providence RI 02 (401) 222-3		
HOPE	~ ~ ~		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability co in thirty (30) days after the time pres penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>000795351</u>			
2. Exact Name of the Limited Liability Company <u>BELVEDUTO ASSOCIATES LLC</u>			
3. State of Formation			
State: <u>DE</u>			
ARTICLE III			
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>531390</u>			
4. Brief Description of th	e Character of the Business Whi	ch is Actually Conducted in	Rhode Island
HOLD AND MANAGE	<u>REAL ESTATE</u>		
5. Principal Office Addre	SS		
No. and Street: 1220 V	VOODBOROUGH ROAD		
	YETTE	State: <u>CA</u> Zip: <u>94549</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact	Title:		
	VOODBOROUGH ROAD		
City or Town: LAFAYETTE State: CA Zip: 94549 Country: USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Z	Zip Code, Country
8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER		

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

**Signed this 21 Day of December, 2020 at 5:46:09 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 <u>PETER U MUSSER</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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