



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
 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.

FILED
STAMP

SEP 09 2021

BY 0821

1. Entity ID Number <u>160570</u>		2. Exact name of the Limited Liability Company <u>BELCHER'S VIEW LLC</u>	
3. NAICS Code <u>531110</u>		4. Brief description of the character of business conducted in Rhode Island <u>RENTAL Apartments</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>PO BOX 141</u>		City <u>WARREN</u>	State <u>RI</u> Zip <u>02885</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>PAUL SAMPSON</u>		Contact Title <u>OWNER</u>	
Street Address <u>162 MARKET ST.</u>		City <u>WARREN</u>	State <u>RI</u> Zip <u>02885</u>
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 _____	City _____	State _____
Zip _____		Zip _____	
Manager Name _____		Manager Name _____	
Street Address _____		Street Address _____	
City _____	State _____	City _____	State _____
Zip _____		Zip _____	
Check the box to indicate an attachment ☐			
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 <u>PAUL SAMPSON</u>		Date <u>9-8-21</u>	
Signature of Authorized Person <u>Paul Sampson</u>			

MAIL TO:

Division of Business Services

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