

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 STAME
BY_	SEP 0 9 2021

2. Exact name	of the Limited Lie						
	2. Exact name of the Limited Liability Company						
BELCHER'S VIEW LLC							
Brief description of the character of business conducted in Rhode Island							
RENTAL Apartments							
6. Principal Office Address				late	Zip O FFF		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Names  AUL SAMPSON				Contact Title O WN E 12			
Street Address 162 MARKET ST.			St St	ate RI	2402885		
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				
State	Zip	City	St	ate	Zip		
Manager Name				Manager Name			
Street Address				Street Address			
State	Zip	City	St	ate	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 Paul Sampson				Date 9-8-21			
Signature of Authorized Person							
	4. Brief descript  5. Brief descript  6. Brief descript  7. Brief descript  8. Brief descript  8. Brief descript  8. Brief descript  9. Brief desc	4. Brief description of the character RENTAL  14 (  bility Company and Name or Title AMP SON)  KET Strict  State Zip  State Zip  Tournently of record with the RID  are and affirm that I have examents contained herein are true	4. Brief description of the character of business conducted RENTAL Apart (  City WARRE)  Sility Company and Name or Title of Contact Person  Contact Title D WARRE  d addresses) of the Limited Liability Company, IF APPLICA  Manager Name  Street Address  State Zip City  Manager Name  Street Address  State Zip City  In currently of record with the RI Department of State is accorded and affirm that I have examined this report, including ents contained herein are true and correct.	4. Brief description of the character of business conducted in Rhode II  RENTAL APARTMENT  City WARREN  Silvity Company and Name or Title of Contact Person  Contact Title O WN E R  City WARREN  State Zip City Wanne  Street Address  State Zip City Si  Manager Name  Street Address  State Zip City Si  Check to  n currently of record with the RI Department of State is accurate. Character and affirm that I have examined this report, including any accesses contained herein are true and correct.	4. Brief description of the character of business conducted in Rhode Island  RENTAL APARTMENTS  City WARREN  City WARREN  City WARREN  State RT  d addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEN  Manager Name  Street Address  State  Zip City State  City Warren  Street Address  State  City Warren  Street Address  State  City State  Check the box to indice the currently of record with the RI Department of State is accurate. Changes require fill are and affirm that I have examined this report, including any accompanying scents contained herein are true and correct.  Date		

MAJL TO:

Division of Business Services

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

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