



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 08/01

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 <u>-</u>			Manager Name <u>-</u>		
Street Address <u>-</u>			Street Address <u>-</u>		
City <u>-</u>	State <u>-</u>	Zip <u>-</u>	City <u>-</u>	State <u>-</u>	Zip <u>-</u>
Manager Name <u>-</u>			Manager Name <u>-</u>		
Street Address <u>-</u>			Street Address <u>-</u>		
City <u>-</u>	State <u>-</u>	Zip <u>-</u>	City <u>-</u>	State <u>-</u>	Zip <u>-</u>
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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