RI SOS Filing Number: 202103266040 Date: 10/14/2021 4:00:00 PM

<b>6</b>	State of Rhode Island  Department of Sta
[85]	Department of Sta

## 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.

Fig. 7D	
• •	STAMP
CCT 14 2027	FOR SECRETARY OF STATE USF, OPRLY

Entity ID Number	2. Exact name of the Limited Liability Company						
000795399	INN ON BELLEVUE, LLC						
3 NAICS Code	4 Brief des	4 Brief description of the character of business conducted in Rhode Island					
531120	Rental of Real Estate						
5 State of Formation	1						
RI							
6. Principal Office Address			City	State	Zıp		
30 Bellevue Avenue			Newport	RI	02840		
7 Mailing Address of Limited Lia	ability Compa	ny and Name or					
Contact Name Gino DiFante			Contact Title Member	Contact Title Member			
Street Address 30 Bellevue Avenue			City Newport	State RI	<sup>Zip</sup> 02840		
8 List ALL managers (names a	nd addresses	) of the Limited L	iability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zıp	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zıp	City	State	Zıp		
				Check the box to	indicate an attachment		
9 The Resident Agent informati	on currently o	of record with the	RI Department of State is acc	curate. Changes requir	e filing Form 642		
Under penalty of perjury, I de statements, and that all state				ing any accompanyin	ng schedules and		
Name of Authorized Person Date							
Gino DiFante				05/10/2021			
Signature of Authorized Person		· · · · · · · · · · · · · · · · · · ·					

## MAIL TO:

**Division of Business Services** 

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

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