



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

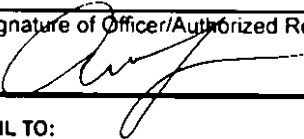
→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 03 2023

BY WOS
RS

1. Entity ID Number 000138477		2. Exact name of the Corporation Bellevue Square Condominium Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Domestic Non-Profit Corporation Management and Maintenance of Condominiums (Title 7-6)			
4. NAICS Code 813990					
6. Principal Office Address 1341 West Main Road Ste 11		City Middletown		State RI	Zip 02842
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Patrick Smith			Vice-President Name Richard Ernst		
Street Address 421 Bellevue Square, 4C			Street Address 421 Bellevue Ave, 1A		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02842
Secretary Name Felicia Touhey			Treasurer Name William Caine		
Street Address 421 Bellevue Ave, 2C			Street Address 4620 N. Park Ave, 1001W		
City Newport	State RI	Zip 02842	City Chevy Chase	State MD	Zip 02815
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William Caine			Director Name Brent Bruun		
Street Address 4620 N. Park Ave, 1001W			Street Address 421 Bellevue Ave, 3B		
City Chevy Chase	State MD	Zip 02815	City Newport	State RI	Zip 02840
Director Name Patrick Smith			Director Name		
Street Address 421 Bellevue Ave, 4C			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Ana Lake (Agent of Bellevue Square Condominiums)				Date 3/29/2023	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 2/2023