



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
Corporation

FILED
JAN 03 2024

BY 3300
[Handwritten initials]

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>000002230</u>		2. Exact name of the Corporation <u>Belleve Real Estate Inc</u>	
3. Principal Office Address <u>65 Bellevue Avenue</u>		City <u>Newport</u>	State <u>RI</u>
		Zip <u>02840</u>	
4. NAICS Code <u>531110</u>	6. Brief description of the character of business conducted in Rhode Island <u>Real Estate Development, Brokerage and other Related Services and Rentals & Leasing, Appraisals</u>		
5. State of Incorporation <u>Rhode Island</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Vincent A Marcelllo</u>		Vice-President Name	
Street Address <u>179 Eustis Avenue</u>		Street Address	
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>- 0 -</u>
		PAR VALUE <u>No Par</u>	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative <u>Vincent A Marcelllo</u>		Date <u>12/30/2023</u>	
Signature of Authorized Representative <i>[Handwritten Signature]</i>			

MAIL TO:
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Website: www.sos.ri.gov