



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

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

**FILED**  
**MAR 15 2024 STAMP**  
BY Yalls OS

1. Entity ID Number <b>155048</b>	2. Exact name of the Corporation <b>The Bellevue Contracting Company</b>
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3. Pncipal Office Address <b>PO Box 1428</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
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4. NAICS Code <b>236115</b>	6. Brief description of the character of business conducted in Rhode Island <b>General Contracting</b>		
5. State of incorporation <b>RI</b>			

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>John Caulfield</b>			Vice-President Name <b>Josh Betts</b>		
Street Address <b>25 Halidon Avenue</b>			Street Address <b>111 Harrison Avenue</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.	<small>NUMBER OF SHARES</small>	<small>CLASS/SERIES</small>	<small>PAR VALUE</small>
Changes require an additional filing.	<b>200</b>	<b>STK</b>	<b>\$0.01</b>

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 <b>John CAULFIELD</b>	Date <b>March 24</b>
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Signature of Authorized Representative 
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**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
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Website: www.sos.n.gov