



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

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Caulfield			Vice-President Name Josh Betts		
Street Address 25 Halidon Avenue			Street Address 111 Harrison Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	200	STK	\$0.01

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 John CAULFIELD	Date March 24
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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
Phone: (401) 222-3040
Website: www.sos.n.gov