



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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

FEB 17 2025

BY 1329
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1. Entity ID Number 000138477		2. Exact name of the Corporation Bellevue Square Condominium Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island For the operation and maintenance of the Bellevue Square property			
4. NAICS Code 813990					
6. Principal Office Address 1341 West Main Road, Suite 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 Avenue, #4C			Street Address 421 Bellevue Avenue, #1A		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Felicia Touhey			Treasurer Name Bill Cane		
Street Address 421 Bellevue Avenue, #2C			Street Address 4620 North Park Avenue, #1001W		
City Newport	State RI	Zip 02840	City Chevy Chase	State MD	Zip 20815
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 Brent Bruun			Director Name Patrick Smith		
Street Address 421 Bellevue Avenue, #3B			Street Address 421 Bellevue Ave, #4C		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Bill Cane			Director Name Felicia Touhey		
Street Address 4620 North Park Avenue, #1001W			Street Address 421 Bellevue Ave, #2C		
City Chevy Chase	State MD	Zip 20815	City Newport	State RI	Zip 02840
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Ana E. Lake				Date 2/1/2025	
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