

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009"

Providence, RI 02904-2615 401.222.3040

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25,00

penalty jee of \$25.00.				
1. Corporate ID No. 60969 2. Name of Corporation Bella Via Association				
3. State of Incorporation 1. Corporate address in Rhode Island - Street Address Rhode Island 83 Lacuele Dr.		Wakefield	02879	
5. Foreign corporation. Enter principal office address	City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island				
maintain common road and snowplowing of road				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Luther C. Davis	William Saunders			
Street Address 260 Iacuele Dr	Street Address 331 Lacuele Dr			
Wakefield State R1 Zip 02879	Cary Wake field		zip 0 2879	
Secretary Name Laure / W. Nièmi	Treusurer Name David B. Rosen			
street Address 30 Iacuele Dr	Street Address 83 Iacuele Dr			
Wake field State R1 Zip 02879	Wakefield	State R1	zip 02879	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23				
Luther C. Davis	Director Name William Saunders			
street Address 260 Iacutle D	Street Address 331 Iacuele Dr			
Walcefield State R1 210 02879	wake field	State R 1	zip 02879	
Director Name LaurelW. Niemi	Director Name DavidB Rosen			
Street Address 30 Iacuele Dr	Street Address 83 Tacucle Dr			
Wakefield State R1 2102879	Wake Field		02879	
9. REGISTERED AGENT IN RHODE ISLAND				
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78				
This report must be signed by either the Developer Vice Devident Control A in Control				

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer

File Date	FILED
Check No.	JUL 07 2009
By:	ly 207
FO	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined thi
report, including any accompanying schedules and statements, and that all
statements contained herein are true and correct.
David B Kosen 7-2-2009
Signature of Officer Date
David B Rosen
Print or Type Name of Officer
Treasurer