



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 266276		2. Exact name of the limited liability company Bella, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island acquiring, developing, owning, mortgaging, operating and disposing of real property of interests therein	
5. Principal office address 647 Oaklawn Avenue		City Cranston	State RI
		Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Paul DiFanti		Contact Title	
Street Address 647 Oaklawn Avenue		City Cranston	State RI
		Zip 02920	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name Paul DiFanti		Manager Name	
Street Address 647 Oaklawn Avenue		Street Address	
City Cranston	State RI	Zip 02920	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name John S. DiBona, Esq.		Address 145 PHENIX AVENUE	
Address		City CRANSTON	Zip 02920

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

266276

FILED	
File Date	OCT 19 2009
Check No.	
By	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Authorized Person

9/11/09
Date

Paul DiFanti, Manager

Print or Type Name of Authorized Person