



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 02904-2611
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

| | |
|------------------------------|--|
| 1. Corporate ID No 164804 | 2. Name of Corporation EMBARQUE BELLA VISTA INC |
|------------------------------|--|

| | | | |
|--|--------------------|-------------|--------------|
| 3. Street Address Principal Business Office 594 CRANSTON ST | City PROVIDENCE | State RI | Zip 02907 |
|--|--------------------|-------------|--------------|

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|---------------------------------------|---|
| 4. Business Phone No. 401-272-0054 | 5. State of Incorporation RHODE ISLAND |
|---------------------------------------|---|

6. Brief Description of the Character of Business Conducted in Rhode Island
WIRE MONEY TO DIFERENT COUNTRY

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | | | | | |
|---------------------------------|-------------|--------------|---------------------|-------|-----|
| President Name ELOY MORA | | | Vice President Name | | |
| Street Address 23 WHITNEY ST | | | Street Address | | |
| City PROVIDENCE | State RI | Zip 02907 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

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8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | | | | | |
|---------------------------------|-------------|--------------|----------------|-------|-----|
| Director Name ELOY MORA | | | Director Name | | |
| Street Address 23 WHITNEY ST | | | Street Address | | |
| City PROVIDENCE | State RI | Zip 02907 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES — THIS SECTION **MUST** BE COMPLETED

| Number of Shares | Class/Series | Par Value |
|------------------|--------------|-----------|
| 1,000,000.00 | | |
| | | |

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.

Signature Eloy Mora Date 12/17/10
 ELOY MORA
 Print or Type Name
 PRESIDENT
 Title

FILED

File Date _____
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 By: 2137415 9:16
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