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 2005

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

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)(i) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
131588	Bella Yarns, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	Yarn Retailer

5. Principal office address	City	State	Zip
508 Main Street	Warren	RI	02885

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Kim Conterio	Owner

Street Address	City	State	Zip
508 Main Street	Warren	RI	02885

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	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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

131588

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statement contained herein are true and correct.

12/12/11
Signature of Authorized Person *Date*

Elizabeth M. Tanner, Esq.
Print or Type Name of Authorized Person

File Date FILED
Check No. DEC 13 2011
By: By 158553
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 08/08