



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 541092		2. Exact name of the limited liability company BELLA PROPERTY MANAGEMENT, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE MANAGEMENT			
5. Principal office address 566 DURFEE HILL ROAD		City CHEPACHET	State RI	Zip 02814	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DEANNA L. DISALVO		Contact Title MANAGER/MEMBER			
Street Address 566 DURFEE HILL ROAD		City CHEPACHET	State RI	Zip 02814	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name DEANNA L. DISALVO		Manager Name NONE			
Street Address 566 DURFEE HILL ROAD		Street Address			
City CHEPACHET	State RI	Zip 02814	City	State	Zip
Manager Name NONE		Manager Name NONE			
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 Form 642.					

FILED

OCT 25 2012

By *MNC*

CA # 1030

File Date _____

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

Date *10/15/2012*

DEANNA L. DISALVO, MEMBER

Print or Type Name of Authorized Person