STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
OfÀce 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 _2015_

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. 148554	2. Exact name of the limited liability company Bella Vista LLC			
3. State of Formation Rhode Island	4. Brief description of the character of business conducted in Rhode Island Real Estate			
5. Principal ofÀce address 176 Ridge Drive	City Exeter	State RI	Zip 02822	

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

Contact Name Joseph Miceli	Contact Title		
Street Address 176 Ridge Drive	City Exeter	State RI	Zip 02822

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("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 OfÀce of the Secretary of State. Changes require Àling Form 642.

FILED

NOV 02 2015

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File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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

Joseph Miceli   10/28/15
Signature of Authorized Person   Date

JOSEPH MICELI
Print or Type Name of Authorized Person