	State of Rhode Island and Pro	ovidence Plantatio	ns Fee: \$50
	Office of the Secreta	ary of State	
	Division Of Business	s Services	
	148 W. River S		
	Providence RI 029		
HOPE	(401) 222-30	40	
imited Liability Co	mpany		
nnual Report <i>iling Period: September</i>	1 - November 1		
	L. 7-16-66(d), each limited liability com hin thirty (30) days after the time preso		
6-66(b&c)) is subject to a			
ANNUAL REPORT YEAR	R : <u>2016</u>		
I. ID No. <u>0009111</u>	72		
2. Exact Name of the I	imited Liability Company Bella Vi	sta Group LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICI E III		
	ARTICLE III		
Using the following NAIC	ARTICLE III	best describes your busi	ness.
Using the following NAIC			
NAICS Code	S codes, please select the code that b	6	<u>53</u>
NAICS Code		6	<u>53</u>
NAICS Code	S codes, please select the code that b	6	<u>53</u>
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NAICS Code 4. Brief Description of the second secon	S codes, please select the code that the cod	6	<u>53</u> d in Rhode Island
NAICS Code 4. Brief Description of the second street REAL ESTATE 5. Principal Office Added No. and Street: 23 E City or Town: SMI	S codes, please select the code that the cod	n is Actually Conducte	<u>53</u> d in Rhode Island Country: <u>USA</u>
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NAICS Code 4. Brief Description of the second street REAL ESTATE 5. Principal Office Address 6. Mailing Address of L Contact Name: Contact Name: Contact Name: Contact Name: City or Town: SMIT Contact Name: Contact Name: City or Town: SMIT 7. Name and Address of L	S codes, please select the code that the cod	tate: <u>RI</u> Zip: <u>02917</u> or Title of Contact Po tate: <u>RI</u> Zip: <u>02917</u>	<u>53</u> d in Rhode Island Country: <u>USA</u> erson: <u>Country: USA</u> licable.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

PETER PETRARCA, ESQ. 330 SILVER SPRING STREET PROVIDENCE, RI 02904

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

Signed this 27 Day of October, 2016 at 12:26:17 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By TRACY DIGREGORIO

Signature of Authorized Person

Form No. 632 Revised 09/07

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