



State of Rhode Island and Providence Plantations

Department of State - Business Services Division**Annual Report for the year: 2017****Non-Profit Corporation**

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 60969		2. Exact name of the Corporation Bella Via Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island road maintenance, snow removal, and brush cutting			
4. NAICS Code 488490					
6. Principal Office Address C/O David Rosen 83 lacuele Drive			City Wakefield	State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mary Hickey			Vice-President Name Brian Dahl		
Street Address 200 lacuele Drive			Street Address 331 lacuele Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Laurel Niemi			Treasurer Name David Rosen		
Street Address 30 lacuele Drive			Street Address 83 lacuele Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mary Hickey			Director Name David Rosen		
Street Address 200 lacuele Drive			Street Address 83 lacuele Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Laurel Niemi			Director Name		
Street Address 30 lacuele Drive			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative David Rosen				Date June 22, 2017	
Signature of Officer/Authorized Representative <i>David Rosen</i>					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JUN 28 2017
 BY *268 JOL*

FORM 631 - Revised: 06/2017