



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2018 JAN 25 PM 1:41

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 164805		2. Exact name of the Corporation BELLA VISTA ENVIOS INC			
3. Principal Office Address 590 CRANSTON ST			City PROVIDENCE	State RI	Zip 02907
4. NAICS Code 522190		6. Brief description of the character of business conducted in Rhode Island WIRE MONEY DIFERENT COUNTRY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name ELOY MORA			Vice-President Name		
Street Address 23 WHITNEY ST			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name ELOY MORA			Director Name		
Street Address 590 CRANSTON ST			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000000			0.01
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative Eloy Mora				Date 01/25/2018	
Signature of Authorized Representative 				FILED 1:43 pm	

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

JAN 25 2018

BY 322639 KM FORM 630 - Revised: 10/2017