



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2019

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

 RECEIVED  
 RI DEPT OF STATE  
 BUS SVCS DIV  
 2018 DEC 17 6PM 12:40

1. Entity ID Number <b>509373</b>		2. Exact name of the Corporation <b>BELLA TRANSPORT, LLC.</b>			
3. Principal Office Address <b>211 TEN ROD RD</b>			City <b>EXETER</b>	State <b>RI</b>	Zip <b>02822</b>
4. NAICS Code <b>484110</b>		6. Brief description of the character of business conducted in Rhode Island <b>TRANSPORT &amp; CONSTRUCTION</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MONICA FURTADO</b>			Vice-President Name		
Street Address <b>211 TEN ROD RD</b>			Street Address		
City <b>EXETER</b>	State <b>RI</b>	Zip <b>02822</b>	City	State	Zip
Secretary Name <b>"Same"</b>			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>"Same"</b>			Director Name <b>"Same"</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>1000</b>		<b>Common</b>	<b>\$ .01</b>
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. <b>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.</b>					
Name of Authorized Representative <b>MONICA FURTADO</b>					Date <b>12/17/18</b>
Signature of Authorized Representative <i>[Signature]</i>					FILED SIGN DOCUMENT HERE

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

DEC 17 2018

 BY **KL EYDMA**  
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