State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 20/9**Limited Liability Company**

→ Filing period: September 1 - November 1
→ Filing Fee: \$50.00

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

OCT 1 5 2019	a
--------------	---

	·		****				
1. Entity ID Number	2. Exact name of the Limited Liability Company						
000 1900 38	BELA, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531110	own, sell, manage, lease and						
5. State of Formation	operate real estate						
\mathcal{R}_{I}							
6. Principal Office Address	rincipal Office Address			State	Zip		
70 SUMMIT	O SUMMIT DR			R/	02920		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name BETTY ANDRIOTIS			Contact Title				
Street Address 70 Sum			City CRANSTON	State //	Zip 02920		
8. List ALL managers (names a	nd addresses) of	the Limited Liab	ility Company, IF APPLICABLE - [O NOT LIST ME	MBERS		
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		
	Check the box to indicate an attachment						
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
Under penalty of perjury, I dec statements, and that all states			nined this report, including any and correct.	accompanying s	schedules and		
Name of Authorized Person Date							
BETTY ANDRIOTIS				10/10	19		
Signature of Authorized Persen							
LARTY CONTO							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov