Si Si	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
HOPE	Division Of Busines 148 W. River S Providence RI 029 (401) 222-30	treet 04-2615	
Limited Liability Com Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability com n thirty (30) days after the time preso penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>000795018</u>			
2. Exact Name of the Lir	nited Liability Company <u>BELLA</u>	CASA, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
0	ode that best describes the primary information on <u>NAICS</u> can be found		tity. Download
4. Brief Description of the	Character of the Business Whic	n is Actually Conducted in R	hode Island
REAL ESTATE INVEST	<u>`MENT</u>		
5. Principal Office Addres	SS		
	<u>CHESTNUT STREET</u> <u>CWICK</u> Sta	te: <u>RI</u> Zip: <u>02888</u> Cou	intry: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and Nam	e or Title of Contact Person:	
Contact Name:ContactNo. and Street:240 CCity or Town:WARM	<u>HESTNUT STREET</u>	te: <u>RI</u> Zip: <u>02888</u> Cou	untry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip	Code, Country
8. RESIDENT AGENT IN R	HODE ISLAND - DO NOT ALTER		

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

PAUL M. VICARIO 240 CHESTNUT STREET WARWICK , RI 02888

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

**Signed this 22 Day of October, 2019 at 8:39:09 AM 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 <u>PAUL M. VICARIO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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