RI SOS Filing Number: 201929530720 Date: 12/5/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## Annual Report for the year: 2019 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.

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DEC 0 5 2019		
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1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company					
791639	│	La Vita Bella, L.L.C.					
3. NAICS Code	4. Brief des	4. Brief description of the character of business conducted in Rhode Island					
812112	OPERATIO	OPERATION OF A BEAUTY SALON AND SPA					
5. State of Formation					1		
Rhode Island							
6. Principal Office Address	·		City	State	Zip		
20 Bosworth Street			Barrington	RI	02806		
7. Mailing Address of Limite	ed Liability Compa	any and Name o					
Contact Name Malvina Papoila		Contact Title Member					
Street Address 20 Bosworth Street			City Barrington	State RI	<sup>Zip</sup> 02806		
8. List ALL managers (nam	nes and addresse	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS		
Manager Name		Manager Name					
Street Address		Street Address					
City	State	Žip	City	State	Zip		
Manager Name	I	<u> </u>	Manager Name	<u> </u>			
Street Address		Street Address					
City	State	Zip	City	State	Zip		
				Check the box to	indicate an attachment		
9. Resident Agent in Rhode	e Island. This inform	nation is currently	of record with the Department of Sta	ate. Changes require filir	ng Form 642.		
Under penalty of perjury, statements, and that all s			examined this report, including true and correct.	ig any accompanyin	g schedules and		
Name of Authorized Person			Date	Date			
MALVINA PAPOILA			10/16/2019				
Signature of Authorized Pe	irson Pay	poil	N 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