



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

FILED

FEB 18 2020

BY 2844
JDK

Annual Report for the year: 2020
Corporation

- 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 821340		2. Exact name of the Corporation Bella Villa Assisted Living, Inc.			
3. Principal Office Address 336 Willett Avenue			City East Providence	State RI	Zip 02915
4. NAICS Code 623210	6. Brief description of the character of business conducted in Rhode Island Assisted living facility				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lisa Buono			Vice-President Name Angelo Mone		
Street Address 66 Merritt Road			Street Address 66 Merritt Road		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
Secretary Name Lisa Buono			Treasurer Name Lisa Buono		
Street Address 66 Merritt Road			Street Address 66 Merritt Road		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lisa Buono			Director Name Angelo Mone		
Street Address 66 Merritt Road			Street Address 66 Merritt Road		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			600		Common
			No Par Value		
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 Lisa Buono				Date 2/10/2020	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov