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R.I. DEPT. OF STATE
BUS SVCS DIV

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2020 MAR 13 A 11:32
STAMPAnnual 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.

R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 001679907		2. Exact name of the Corporation Giada Bella, Inc.												
3. Principal Office Address 319 Hunt Street			City Central Falls	State RI	Zip 02863									
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Welding												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Manuel M. DaSilva			Vice-President Name Nicholas T. Fiore											
Street Address 463 Tremont Street			Street Address 463 Tremont Street											
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769									
Secretary Name Nicholas T. Fiore			Treasurer Name Melissa DaSilva											
Street Address 463 Tremont Street			Street Address 463 Tremont Street											
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
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 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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>\$100.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	\$100.00			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	Common	\$100.00												
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 Manuel M. DaSilva					Date									
Signature of Authorized Representative 					SIGN DOCUMENT HERE									

FILED

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

MAR 13 2020

BY 3656

FORM 630 - Revised: 10/2017