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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020 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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FILED OCT 2 9 2020	De Principal		

1. Entity ID Number	2. Exact name	of the Limited Lia	bility Company			
000148554	Bella Vista LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53 1110						
5. State of Formation	Real Estate					
Rhode Island						
6. Principal Office Address			City	State	Zîp	
176 Ridge Drive		Exeter	R1	02822		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Joseph J. Miceli Jr			Contact Title			
Street Address 176 Ridge Drive		city Exeter	State R J	^{Zip} 0 2822		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
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. The Resident Agent information currently of record with the Rt Department of State is accurate. Changes require filing Form 642.						
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 Person			Date			
Joseph J Miceli Jr			Oct 2	20, 2020		
Signature of Authorized Person Posis 1. Will b.						

MAIL TO:

Division of Business Services

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

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