

#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Duision 199 North Main Street Providence, RI 92993-1335

Form 630 Rev. 12/03

ence, 14 02703-1335 401 222 3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PI	RINTED IN BLACK)					
1. Corporate ID No	2 Name of Corpor			, c	<del></del>	
90788 3 Street Address Prins pal Busin 2 77	<u> </u> Bella Real E NOTICE MBER ST.	state, Inc.	No Prainence	State RT	. 20p 03904	
4 Business Frome No.	-6026	5 State of Incorporation		· · · · · · · · · · · · · · · · · · ·	6 SIC Code	
7 Bucf Description of the Grance	ter of Basiness Conducted		·		5538	
TO OWN, HOLD AND 8. NAMES AND ADDRESS			T463518 Thirth	COLUMN DEFARE MOIN	C ATTACHMENTS	
The state of the s			Vice President Name	SPACES BEFORE USIN	IG ATTACHMENTS	
Street Address	4 D ALMEIG ER ST	<u>.                                    </u>	Street Address	NONE		
2 TIMBE	ER ST.			·····		
N PROVIDENCE	Stare RI	<sup>210</sup> 02904	City	State	Zη <sub>Γ</sub>	
Secretary Name	NONE		freusurer Name	lone		
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address			
Culy	Mette	Zip	City	State	Zip	
9. NAMES AND ADDRESS	 ES OF THE DIREC	 FORS: <i>("X" BOX FOR A</i>	∷ TTACHMENT) ☐ FILL I	 IN SPACES BEFORE US	 ING ATTACHMENTS	
Director Name	NONE		Director Name NONE			
Street Address	- ·		Street Address			
City	State	Zip	City	State	Zip	
Director Name	Maric	J	Director Name	l		
Street Address	NONE		Strong Address	ONE .		
	· · · · · · · · · · · · · · · · · · ·					
C.H)	State	Ζφ	City	State	$Z \psi$	
10. SHARES AUTHORIZED AL THORIZED SHARES	D ("X" BOX FOR A	NITACHMENT)	11. SHARES ISSUED  ISSUED SHARES	("X" BOX FOR ATTAC	HMENT) [	
Number of Shores	Class/Series	Par Value	Stimber of Shares	Class/Sories	Par Value	
100 NO PAR VALUE			NONE			
This report must b	e signed in ink by	either the President, Vice	President, Secretary, Assist	ant Secretary, Treasurer	. Receiver or Trustee	
. 18			·	·		
					that I have examined this report	
			including any accor contained herein ar	mpanying schedules and sti extrue and correct	atements, and that all statement	
File Date	23.05 240		fremesh t	). Herenda	2-22-05	
Check No	<u> </u>		Signature of Officer  KENNETH	D. ALUCINA	Dote	
Bv	de		Print or Type Name			
FOR SECRETARY OF	STATE USE ONLY		PRESIDENT THE OF OHLOW	Τ		



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

2004 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 90788 Bella Real Estate, Inc. 3 Street Address Principal Business Office RI N. PROVIDENCE TIMBER 5. State of Incorporation 6 SIC Code RHODE ISLAND 5538 7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, HOLD AND MANAGEM REAL ESTATE. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name NONE Street Address Street Address TIMBÉR State ZIP Secretary Name Treasurer Name NUNE NowF Street Address Street Address City Zip. City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name NUNE NUNF Street Address Street Address State Zip City State Zφ Director Name Director Name NONE NONE Street Address Street Address City State City Zip State Zip10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value NUNE 100 NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	2.9.04
Check Na.	1007
ŀ	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm including any accompanying schedules and sta	
contained berein are true and correct.	2-5-04
Signature of Officer /14NNETH D. AL #4104	Date
Print or Type Nune of Officer PLESI DENT	
Title of Officer	Form 630 Rev. 12/03



Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00



···· z r criou. junu	eary i march i	111111g 1 cc. \$50.00			Ų
RM MUST BE TYPED OR I		•			
Corporate ID No. 90788	2. Name of Corpora		Tak		
70 703 treet Address Principal By:	SIGCOA siness Office	REAL ESTATE,	LIVE.	State 5 -	Zip 012/
	usy ST.		"N. PRUVIDENCE DE ISLAND	$\mathcal{F}$	029
		S. State of Incorporation	n		6. SIC Code
354	1-6076	24	EDE TSLAND		5
tef Description of the Cha	aracter of Business Conducted i	n Rhode Island			
Kes	SIDENHAL LENTAL	MUDERTY			
NAMES AND ADD		ICERS ("X" BOX FOR ATT	ACHMENT) - FILL IN SPACE	S BEFORE USING ATTAC	CHMENTS
Jent Name	TH D. ALUEID	A	Vice President Name	Almic	
		4		NOWE	
Address 2 Tim	1BER ST		Street Address		
N. PROVIDENCE	State RI	02904	City	State	Zip
taty Name	. ,	•	Treasurer Name		
	NONE			NONE_	
t Address			Street Address		
	State	Zip	City	State	Zip
NAMES AND ADD	PRESSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPA	CES BEFORE USING ATT	ACHMENTS
ctor Name	11.0		Director Name	# 1. 1C	
	NONE			NONE	
l Address			Street Address		
	State	Zip	City	State	Zip
tor Name	NONE		Director Name	Var	
	NOVE			HONE	
Address			Street Address		
	State	Zip	City	State	Zip
SHARES AUTHOR	RIZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	<i>I</i> )
(ORIZED SHARES			ISSUED SHARES		
ber of Shares	Class/Series	Par Vəlue	Number of Shares	Class/Series	Par Value
111) SUS NI	PAR VALUE		NONE		
100 2112 140	IN WILL				

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

<del>_</del>	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, an
File Date	that all statements contained herein are true and correct.  Menuff Affice L. 2/24/0.3
FEB 2 7 2003	Signature of Officer Parks of Pate  KENNETH D. ALMENSA
FOR SECRETARY OF STATE USE ONLY 398-1	Print or Type Name of Officer PUESO DENT
	Title of Officer



Edward S. Inman, III, Secretary of State Corporation Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

FORM MUST BE TYPED IN E	BLACK)				
Corporate ID No	2. Name of Carpora				
90788	Bella Real E	state, Inc.			
Street Address Principal Busin		ANCE ST.	PROVIDENCE	State RI	029
Business Phone No 421	1400	5. State of Incorporation RHODE ISLAND			6 SIC Code <b>5538</b>
Brief Description of the Chara RES		n khode Island VTAL PROPERTY			
		CERS ("X" BOX FOR ATTAC.		S BEFORE USING ATTA	CHMENTS
KENA	HETH D. ALME	LIDA	Vice President Name	IONE	
eet Address 2 Tin	IBER ST.		Street Address		
N. PROVIDENCE	State RI	02904	Guy	State	Zip
retary Name /\	IONE		Treasurer Name	NONE	
cet Address			Street Address		
'y	State	Zip	City	State	Zip
	ESSES OF THE DIRF	CTORS (*X" BOX FOR ATT)	CHMENT) FILL IN SPACE	CES BEFORE USING ATT	ACHMENTS
rector Name I	NONE		Director Name	NONE	
eet Address			Street Address		
ty:	State	Zip	City	State	Zıp
ector Name	VONE	·	Director Name	Journ	
et Address	VVVC		Street Address	VONE	
y	State	Zıp	City	State	Zip
. SHARES AUTHORIZ	ED ("X" BOX FOR ATTA	CHMENT)	- 11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	T)
mber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			NONE		

TI rustee



File Date:	3-4-02	
Gheck No.:	1105	
<b>D.</b> .	de	

FOR SECRETARY OF STATE USE ONLY

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.

Title of Officer



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(COM MICT BE TYPEN IN DEACH)					INSTRUCTIONS	
(FORM MUST BE TYPED IN BLACE  1. Corporate ID No.	(k) 2. Name of Corporal	<del></del>				
90788	BELLA /	REAL ESTATE,	INC.			
3. Street Address Principal Business Of	10 DORRA		PROVIDENCE	State RI	02903	
4. Business Phone No. 421-16	•	15. State of Incorporation			6. SIC Code 5538	
7. Brief Description of the Character of			E TSCANO		39.70	
. RESIDE	ENTIAL R	ENTAL PROPER	<del></del>			
8. NAMES AND ADDRESSE President Name	ES OF THE OFFI	CERS ("X" BOX FOR ATTAC	<del>,</del>	S BEFORE USING ATTA	CHMENTS	
KENNE	ETH D. ALM	MEIDA	Vice President Name	NONE		
Street Address 2 TimB	ER St.		Street Address			
N. PROVIDENCE	State RI	02904	Gity	State	Zīp	
Secretary Name	- -	<del></del>	Iteasurer Name			
NONE	<u>.</u>		NONE			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. NAMES AND ADDRESSE	S OF THE DIRE	CTORS ("X" BOX FOR ATT	<del></del>	CES BEFORE USING ATT	ACHMENTS	
NON	E		Director Name	NONE		
Street Address			Street Address			
Gity	State	Zep	City	State	Zip	
Director Name NON	i F	1	Director Name	NONE		
Street Address	<u></u>		Street Address			
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZED	("X" BOX FOR ATTA	CHMENT) 🖸	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	r	
AUTHORIZED SHARES			ESSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
100 SHS NO PAR VI	ALUE		NONE			
The same and the s	1					
This report must be <b>signed</b>	l in ink by eith	er the President, Vice	President, Secretary, Ass	sistant Secretary, Treas	urer, Receiver or Trus	

	90788	
	3/6	
File Date	<del></del> .	
Check No.:		
	Ze.	1
Ву:	·	<del> · · · · · · · · · · · · · · · · ·</del>

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PILAY READ INSERT HON

(FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. 90788 Bella Real Estate, Inc. State 3. Street Address Principal Business Office 02903 **PROVIDENCE** RI 10 DORRANCE ST. 6. SIC Code 5. State of incorporation 4. Business Phone No. 5538 421-1400 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island RESIDENTIAL RENTAL PROPERTY 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name KENNETH D. ALMEIDA NONE Street Address Street Address 2 TIMBER ST. Zip City State City 02904 N. PROVIDENCE RI Secretary Name Treasurer Name NONE NONE Street Address Street Address State Zip City Zip City State FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X" BOX FOR ATTACHMENT) Director Name Director Name NONE NONE Street Address Street Address Zip State City State Ziρ City Director Name Director Name NONE NONE Street Address Street Address Zip City State City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Class/Serles Par Value Number of Shares Par Value Number of Shares 100 SHS NO PAR VALUE NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 9 0 7 8 8 *	
File Date:	278 W	
Check No	1101	
Ву:	UP	
FOR SECRET	TARY OF STATE USE ONLY	



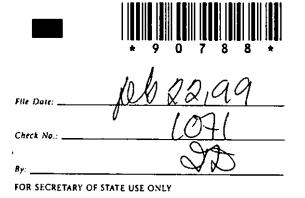
James R. Langevin, Sccretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLI ASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No. <b>90788</b>	2. Name of Corpora Bella Real				
3. Street Address Principal Busines		105 0 <b>m</b>	City	State	Zip 02002
A. Burkhara Dhana Ma	10 DORRAN		PROVIDENC	E RI	02903
4. Business Phone No. 421	-1400	5. State of Incorporation RHODE ISLA			6. SIC Code <b>5538</b>
7. Brief Description of the Characte RES	er of Business Conducted i SIDENTIAL RENT				
8. NAMES AND ADDRES	SSES OF THE OFFI	CERS ("X" BOX FOR ATT	ACHMENT) • FILL IN SPA	CES BEFORE USING ATTA	CHMENTS
KENNETH D. ALMEIDA			NONE		
Street Address 2 TI	MBER ST.		Street Address	,	
N. PROVIDENCE	State RI	zip 02904	City	State	Zip
Secretary Name	NONE		Treasurer Name	NONE	
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES	SSES OF THE DIRE	ECTORS (*X* BOX FOR A		ACES BEFORE USING AT	TACHMENTS -
	ONE		Director Name NO	NE	
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	NONE		Director Name	 NE	
Street Address	NOINE		Street Address	INE	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUE	D ("X" BOX FOR ATTACHMEN	m) (
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO PAR V	'ALUE		NONE		•

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Stenature of Officer

Date

KENNETH D. ALMEION

rint or Type Name of Officer

Title of Officer



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

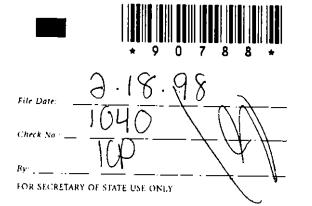
STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 90788 Bella Real Estate, Inc. 3 Street Address Principal Business Office 10 Dorrance St. Providence RT02903 4. Business Phone No. RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island Residential Rental Property
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name Kenneth D. Almeida None Street Address Street Address 2 Timber St. City State 2.10 Providence02904 Treasurer Name llone None Street Address Street Address City State Zip City State Zip9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name None None Street Address Street Address City 710 City State Zip Director Name Director Name None None Street Address Street Address City Zip City State Zip 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Number of Shares Class/Series Par Value

100 SHS NO PAR VALUE

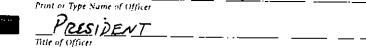
None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

| Lumble D. Huriok 2/17/98
| Signature of Officer Date
| Leweth D. Almeioa





James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

# STOP: PITASI READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

#### PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) <sup>2</sup> Name of Corporation Bella Real Estate, Inc. 3 Street Address Principal Business Office City State 10 DORRANCE ST. PROVIDENCE RIRHODE ISLAND 421-1400 7 Brief Description of the Character of Business Conducted in Rhode Island RESIDENTIAL RENTAL PROPERTY 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name KENNETH D. ALMEIDA NONE Street Address Street Address 2 TIMBER ST. City City State Zip N. PROVIDENCE RΙ 02904 Secretary Name Treasurer Name NONE NONE Street Address Street Address State Zip State Z.p 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name NONE NONE Street Address Street Address City State Zip City State Zip Director Name Director Name NONE NONE Street Address Street Address State Zip City Zip 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Par Value 100 SHS NO PAR VALUE NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

| Menufy D. Hinty da 2/25/47
| Signature of Officer Date
| HENNETH D. Acmei 0.4
| Print or Type Name of Officer Pressure of Offi