



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2020 *AMENDED*  
**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.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2021 JAN 19 A 11:06:

1. Entity ID Number 000941627		2. Exact name of the Limited Liability Company BELLARIA LLC			
3. NAICS Code 722511		4. Brief description of the character of business conducted in Rhode Island RESTAURANT			
5. State of Formation RI					
6. Principal Office Address 663 DEXTER STREET		City CENTRAL FALLS		State RI	Zip 02863
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name WILLIAM SANCHEZ			Contact Title AGENT		
Street Address 661 DEXTER STREET		City CENTRAL FALLS		State RI	Zip 028963
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name YEIMY MONTANO			Manager Name		
Street Address 663 DEXTER STREET			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642					
<i>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.</i>					
Name of Authorized Person WILLIAM SANCHEZ				Date 01/15/2021	
Signature of Authorized Person					

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

**FILED**  
 JAN 19 2021  
 BY *Ch* 11:04



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

January 19, 2021 11:06 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

