



State of Rhode Island

Department of State - Business Services Division

FILED

FEB 04 2021

STAMP

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY

14486

DS

1. Entity ID Number 32914		2. Exact name of the Corporation Bellini Corporation			
3. Principal Office Address 38 Wilbur Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 236116		6. Brief description of the character of business conducted in Rhode Island Real Estate Investment			
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 James Bellini			Vice-President Name James Bellini		
Street Address 38 Wilbur Avenue			Street Address 38 Wilbur Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Barbara Bellini			Treasurer Name Barbara Bellini		
Street Address 38 Wilbur Avenue			Street Address 38 Wilbur Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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.			NUMBER OF SHARES		
			CLASS/SERIES		
			100	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 James Bellini, President					Date 1/27/21
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020