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State of Rhode Island
Department of State - Business Services Division

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BY

Annual Report for the year: 2021
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.

1. Entity ID Number	2. Exact name of the Limited Liability Company
123234	BELL'S RIVERVIEW, LLC
3. NAICS Code	**4. Brief description of the character of business conducted in Rhode Island**
531120	RENTAL PROPERTY
5. State of Formation	
RI	

6. Principal Office Address	City	State	Zip
333 MAIN STREET	WAKEFIELD	RI	02879

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title				
DENNIS BELL	PRESIDENT				
Street Address	**City**	**State**		**Zip**	
345 MAIN ST. Apt. B	WAKEFIELD	RI	RI	02879	

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name	Manager Name
DENNIS BELL	ERIC BELL
Street Address	**Street Address**
345 MAIN ST Apt. B	250 BITTERSWEET FARM WAY
City / State / Zip	**City / State / Zip**
WAKEFIEW / RI / 02879	WAKEFIELD / RI / RI / 02879
Manager Name	**Manager Name**
Street Address	**Street Address**
DEL	
City / State / Zip	**City / State / Zip**

Check the box to indicate an attachment ☐

9. The Resident Agent information currently of record with the RI 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
DENNIS BELL	9/1/21

Signature of Authorized Person
Dennis Bell

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