State of Rhode Island Department of St	iate - Busii	ness Services	: Division	<del></del>	
Annual Report for the y Limited Liability Compa  → Filing period: September  → Filing Fee: \$50.00  → Penalty: Additional \$25.00	ny 1 - November	r 1	NOV 0 1 2021 ber 1. BY		
1. Entity ID Number	2. Exact name of the Limited Liability Company				····· \ Calabaran . · · · · · · · · · · · · · · · · · ·
000148554	Bella Vista LLC				
3. NAICS Code  5. State of Formation  4. Brief description of the character of business conducted in Rhode Island  Real Estate					
6. Principal Office Address			City	State	Zip
176 Ridge Drive			Exeter	RI	02822
7. Mailing Address of Limited Lia	bility Company	and Name or Title	of Contact Person		
Contact Name Joseph J Miceli Sr			Contact Title		
Street Address 176 Ridge Drive			Cay Exefer	State 7	Zp02822
8. List ALL managers (names ar	nd addresses)	of the Limited Liabi		E - DO NOT LIST M	EMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Ζip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
				Check the box to in	dicate an attachment
9. The Resident Agent information	on currently of	record with the RI I	Department of State is accura	te. Changes require	filing Form 642.
Under penalty of perjury, I dec statements, and that all staten				any accompanying	schedules and
Name of Authorized Person  Joseph J Miceli Jr  Oc					27,2021
Signature of Authorized Person			, /		

Joseph J Miceli Jr 10 sur 1. Minh 1.

## MAIL TO:

**Division of Business Services** 

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

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