	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St	reet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Con Annual Report Filing Period: September a			
n accordance with R.I.G.L	7-16-66(d), each limited liability comp hin thirty (30) days after the time presci		
ANNUAL REPORT YEAR			
1. ID No. <u>00009247</u>	<u>16</u>		
2. Exact Name of the L	imited Liability Company <u>PORTO</u>	BELLO LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary re information on <u>NAICS</u> can be found		y the entity. Download
<u>448310</u>			
4. Brief Description of t	he Character of the Business Which	is Actually Conduct	ed in Rhode Island
OWN AND OPERATE	A RETAIL JEWELRY BUSINESS	<u>S.</u>	
5. Principal Office Addre	ess		
No. and Street: <u>21</u>	1 GODDARD ROW	<u>RI</u> Zip: <u>02840</u>	Country: <u>USA</u>
City or Town: <u>NE</u>	EWPORT State:		Country. \underline{OSA}
	imited Liability Company and Name		·
6. Mailing Address of L Contact Name: JANET			·
6. Mailing Address of L Contact Name: <u>JANET</u> No. and Street: <u>211</u>	imited Liability Company and Name	or Title of Contact F	·
6. Mailing Address of L Contact Name: <u>JANET</u> No. and Street: <u>211</u> City or Town: <u>NE</u>	imited Liability Company and Name <u>CURREN</u> Contact Title: <u>GODDARD ROW</u> <u>WPORT</u> State: of Each Manager of the Limited Liab	or Title of Contact F	Person: Country: <u>USA</u>
6. Mailing Address of L Contact Name: JANET No. and Street: 211 City or Town: NE 7. Name and Address o	imited Liability Company and Name <u>CURREN</u> Contact Title: <u>GODDARD ROW</u> <u>WPORT</u> State: of Each Manager of the Limited Liab	or Title of Contact F <u>RI</u> Zip: <u>02840</u> ility Company, if Ap	Person: Country: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

KAREN G. DELPONTE, ESQ. 301 PROMENADE STREET PROVIDENCE, RI 02908

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of November, 2021 at 5:00:33 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JANET CURREN

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2021 State of Rhode Island All Rights Reserved