RI SOS Filing Number: 202106951150 Date: 12/10/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE

BUS SVCS DIV

2021 DEC 10 A 11: 24

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.

State of Formation State Street Address Street Ad	C	T					
A. Brief description of the character of business conducted in Rhode Island Real Estate Investment 5. State of Formation RI 6. Principal Office Address 205 Cross Street City Central Fuil:s RI 02863 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Joao Menezes Street Address 205 Cross Street City Central Falls State RI Zip 20863 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Street Address City State Zip City State Zip 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 filting Form 842. 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 Joao Menezes Signajure of Authorized Person Joao Menezes Signajure of Authorized Person	1. Entity ID Number	Exact name of the Limited Liability Company					
Real Estate Investment 5. State of Formation RI 6. Principal Office Address 205 Cross Street Central Fulls Contact Person Contact Name Joan Menezes Street Address Street Address City Central Falls State RI Zip 02863 T. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Joan Menezes Street Address Street Address List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Street Address City State Zip City State Zip Manager Name Street Address 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 Joan Monezes Signajure of Authorized Person Joan Monezes Signajure of Authorized Person Joan Monezes	001702157	Bella Homes, LLC					
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1 / /\ \\ \\ / /	Joao Menezes						
Low Here)							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 10 ZUZI

FORM 632 - Revised: 08/2020