




State of Rhode Island
Department of State - Business Services Division

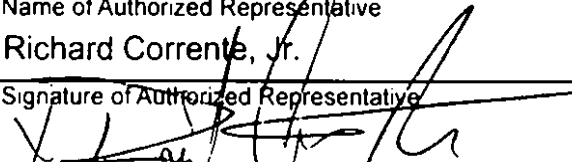
FILED

FEB 07 2024

BY 

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 1731565		2. Exact name of the Corporation Chelsea Bella, Inc.			
3. Principal Office Address 15 Verndale Circle			City Bristol	State RI	Zip 02809
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard Corrente, Jr.			Vice-President Name Paul A. Palumbo		
Street Address 15 Verndale Circle			Street Address 55 Willis Drive		
City Bristol	State RI	Zip 02809	City Cumberland	State RI	Zip 02864
Secretary Name Richard Corrente, Jr.			Treasurer Name Richard Corrente, Jr.		
Street Address 15 Verndale Circle			Street Address 15 Verndale Circle		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard Corrente, Jr.			Director Name Paul A. Palumbo		
Street Address 15 Verndale Circle			Street Address 55 Willis Drive		
City Bristol	State RI	Zip 02809	City Cumberland	State RI	Zip 02864
Director Name None			Director Name None		
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		PAR VALUE
			667		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 Richard Corrente, Jr.				Date	
Signature of Authorized Representative 					

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