



State of Rhode Island
Department of State - Business Services Division

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.

FILED

STAMP

FEB 23 2024

BY

14918 DS

1. Entity ID Number 32914		2. Exact name of the Corporation BELLINI CORPORATION	
3. Principal Office Address 38 Wilbur Avenue		City Cranston	State RI
		Zip 02920	
4. NAICS Code 236116	6. Brief description of the character of business conducted in Rhode Island Real Estate Investment		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name James Bellini		Vice-President Name James Bellini	
Street Address 38 Wilbur Avenue		Street Address 38 Wilbur Avenue	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Secretary Name Barbara Bellini		Treasurer Name Barbara Bellini	
Street Address 38 Wilbur Avenue		Street Address 38 Wilbur Avenue	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		100	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 James Bellini, President			Date 2/23/24
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