RI SOS Filing Number: 202449087860 Date: 3/18/2024 4:00:00 PM



## **Department of State - Business Services Division**

Annual Report for the year:  $\frac{2024}{}$ **Limited Liability Company** 

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$2	5.00 fee if form is not filed by	May 31.		$\bigcap$	
1. Entity ID Number 1666575		2. Exact name of the Limited Liability Company Bella Vita Adult Daycare, LLC			
3. NAICS Code 624120	Brief description of the Adult Daycare	Brief description of the character of business conducted in Rhode Island     Adult Daycare			
5. State of Formation RI					
6. Principal Office Address 22 Wampanoag Trail		City East Providence	State RI	Zip 02915	
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person			
Contact Name Angelo W. Mone		Contact Title Member			
iStreet Address 66 Merritt Road		City East Providence	State RI	<sup>Zip</sup> 02915	
8. The Resident Agent infor	nation currently of record with	the RI Department of State is accurate.	Changes require	e filing Form 642.	
	declare and affirm that I hav atements contained herein a	re examined this report, including an ire true and correct.	y accompanyin	g schedules and	
Name of Authorized Person			Date		
Angelo W. Mone			200(2029		
Signature of Authorized Per	30n // 11/MR		· ·		

MAIL TO:

**Division of Business Services** 

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

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