

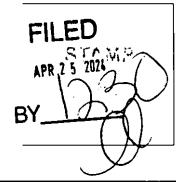
**Department of State - Business Services Division** 

Annual Report for the year: Limited Liability Company 2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



Entity ID Number	2. Exact name of the Limited Liability Company			
000148554	Bella Vista	LLC		
5. State of Formation	4. Brief description of the character Real Estate		node Island	
6. Principal Office Address		City	State	Zip
77 Gounod Road		Westerly	RI	02891
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Joseph J Miceli		Contact Title		
Street Address 77 Gouned Road		City Westerly	State R /	02891
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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  Joseph J Miceli			Date April	1 15 2024
Signature of Authorized Person  100000 1. Wich.				

MAIL TO:

Division of Business Services

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

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