RI SOS Filing Number: 202453792280 Date: 4/25/2024 4:00:00 PM



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

FILEDS YARAS

ADD 7 5 2074 -

Annual Report for the year: 2024

Limited Liability Company

- → 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			
001672936	BEL VISO, MEDICAL SPA, LEC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
812199	AESTHETICS			
5. State of Formation				
RI				
6. Principal Office Address		City	State	Zip
63 CEDAR AVENUE, UNIT 7		EAST GREENWICH	RI	02818
7. Mailing Address of Limite	d Liability Company and Name o	r Title of Contact Person		
Contact Name BRITTANY IAFRATI		Contact Title MEMBER		
Street Address 63 CEDAR AVENUE, UNIT 7		City EAST GREEWICE	State R I	<b>Zip</b> 02818
8. The Resident Agent infor	mation currently of record with the	e RI Department of State is accura	ite. Changes requ	ire filing Form 642.
	l declare and affirm that I have tatements contained herein are	examined this report, including true and correct.	any accompanyi	ng schedules and
Name of Authorized Person			Date	
BRITTANY TAFRATI		3/13/24		
Signature of Authorized Per	son			
Britton	10			

MAIL TO:

Division of Business Services

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

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