



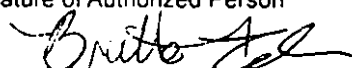
**FILED** STAMP

APR 25 2024

BY 

**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.

1. Entity ID Number 001672936		2. Exact name of the Limited Liability Company BEL VISO, MEDICAL SPA, LLC	
3. NAICS Code 812199		4. Brief description of the character of business conducted in Rhode Island AESTHETICS	
5. State of Formation RI			
6. Principal Office Address 63 CEDAR AVENUE, UNIT 7		City EAST GREENWICH	State RI
		State RI	Zip 02818
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name BRITTANY IAFRATI		Contact Title MEMBER	
Street Address 63 CEDAR AVENUE, UNIT 7		City EAST GREENWICH	State RI
		State RI	Zip 02818
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person BRITTANY IAFRATI		Date 3/13/24	
Signature of Authorized Person 			

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