

## State of Rhode Island

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

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.

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FOR PORT OF STATE USE ONLY	

1. Entity ID Number	2. Exact name of the Limited Liability Company					
001730416	Bela Monde LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
541490	Textile Design for Accessories and Apparel					
5 State of Formation						
RI						
6. Principal Office Address		City	State	Zip		
80 Fountain Street Suite 301		Pawtucket	RI	02860		
7 Mailing Address of Limited Lia	ibility Company and Name or Titl	e of Contact Person				
Contact Name Lisa Limer		Contact Title Manager/Partner				
Street Address 12 Bassett Street		City Providence	State RI	<sup>Zip</sup> 02903		
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			Date	Date		
Lisa Limer			March 19,2025			
Signature of Authorized Person  Mus  Mus  Mus  Mus  Mus  Mus  Mus  Mu						

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MAIL TO:

**Division of Business Services** 

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