r		
	State of Rhode Island Fee: Office of the Secretary of State	\$50.00
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
7636	(401) 222-3040	
Limited Liabilit Annual Report Filing Period: Fel	t i i i i i i i i i i i i i i i i i i i	
refusing to file its	ith R.I.G.L. 7-16-66(d), each limited liability company failing or s annual report within thirty (30) days after the time prescribed by 6-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPO	RT YEAR - ENTER THE CURRENT YEAR 2025 : <u>2025</u>	
1. ID No. <u>00</u>	01665620	
2. Exact Name of the Limited Liability Company <u>BELLA U LLC</u>		
3. State of Form	mation	
State: <u>RI</u>		
NAICS CODE		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
<u>711410</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
MANAGEME	NT AGENCY	
5. Principal Off	ice Address	
No. and Street:	<u>44 MELROSE AVE.</u> R1	
City or Town:	<u>PAWTUCKET</u> State: <u>RI</u> Zip: <u>02860</u> Country: <u>USA</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: No. and Street:	VONETTA CABRAL Contact Title: <u>MANAGER</u> <u>44 MELROSE AVENUE</u> R1	
City or Town:	PAWTUCKET State: <u>RI</u> Zip: <u>02860</u> Country: <u>US</u>	<u>A</u>

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

VONETTA CABRAL 42 MELROSE AVENUE PAWTUCKET, RI 02860

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 3 Day of April, 2025 at 5:37:05 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By VONETTA CABRAL

Signature of Authorized Person

Form No. 632 Revised 09/07

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