



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. Rorer Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No 128521		2. Exact name of the limited liability company Riviera Main Event & Pub, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Acquiring, owning, developing, leasing, selling and otherwise dealing in real estate	
5. Principal office address 127 KEARNEY STREET		City CRANSTON	State RI
		Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name LOUISE C. CAPUANO		Contact Title	
Street Address 127 KEARNEY STREET		City CRANSTON	State RI
		Zip 02920	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name LOUISE C. CAPUANO		Manager Name LOIS A. DIBIASIO	
Street Address 127 Kearney Street		Street Address 140 Capuano Avenue	
City Cranston	State RI	Zip 02920	City Cranston
			State RI
			Zip 02920
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name KAREN G. DELPONTE, ESQ.		Address CAMERON & MITTLEMAN LLP	
Address 56 EXCHANGE TERRACE		City PROVIDENCE	Zip 02903

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

128521

File Date	FILED
Check No.	OCT 02 2007
By:	11086
BY SECRETARY OF STATE USE ONLY	

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.

Louise C. Capuano 9/24/2007
Signature of Authorized Person Date
Louise C. Capuano 9/26/2007
Print or Type Name of Authorized Person