



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

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

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

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. 128523		2. Exact name of the limited liability company Riviera Bingo, 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 and with real property	
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 - <b>DO NOT LIST MEMBERS</b> 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	City Cranston	State RI
Zip 02920		Zip 02920	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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).

128523

File Date	<b>FILED</b>
Check No.	OCT 03 2008
By:	11410
FOR 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.

Signature of Authorized Person: Louise C. Capuano Date: 10/1/08  
Print or Type Name of Authorized Person: LOUISE C. CAPUANO 10/1/2008