



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>88932</b>		2. Exact name of the limited liability company <b>RIVERVIEW MOBILE HOME LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>OWNER/OPERATOR OF MOBILE HOME PARK IN PORTSMOUTH, RI</b>			
5. Principal office address <b>74 HONEYMAN AVENUE</b>		City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	
Contact Name <b>DAVID LEMLER</b>		Contact Title <b>MEMBER</b>			
Street Address <b>74 HONEYMAN AVENUE</b>		City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	
Manager Name <b>N/A</b>		Manager Name <b>N/A</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name <b>N/A</b>		Manager Name <b>N/A</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

OCT 04 2012

By *MMC*  
 CR # 6508

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.

*David Lember* 10-2-12  
 Signature of Authorized Person Date

**DAVID LEMLER**

Print or Type Name of Authorized Person