	<b>State of Rhode Island and Providence Plantations</b> <b>Office of the Secretary of State</b>	<b>Fee: \$50.00</b>
	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	

**Limited Liability Company**  
**Annual Report 2013**  
*Filing Period: September 1 - November 1*

*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*

<b>ANNUAL REPORT YEAR: <u>2013</u></b>						
<b>1. ID No.</b> <u>000563387</u>						
<b>2. Exact Name of the Limited Liability Company</b> <u>RIREIG, LLC</u>						
<b>3. State of Formation</b>  State: <u>RI</u>						
<b>4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island</b>  <u>Educational and networking group</u>						
<b>5. Principal Office Address</b>  No. and Street: <u>863 HOPE STREET</u> City or Town: <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02906</u> Country: <u>USA</u>						
<b>6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:</b>  Contact Name: <u>Richard Cohn</u> Contact Title: <u>agent</u> No. and Street: <u>863 HOPE ST</u> City or Town: <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02906</u> Country: <u>USA</u>						
<b>7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.</b> <b>DO NOT LIST MEMBERS</b>						
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 40%; text-align: center;">Name</th><th style="text-align: center;">Address</th></tr><tr><td></td><td style="text-align: center; font-size: small;">Address, City or Town, State, Zip Code, Country</td></tr></thead><tbody><tr><td colspan="2" style="height: 40px;"></td></tr></tbody></table>	Name	Address		Address, City or Town, State, Zip Code, Country		
Name	Address					
	Address, City or Town, State, Zip Code, Country					
<b>8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER</b> <b>Changes Require Filing of Form 642 - R.I.G.L. 7-16-11</b>  <u>RICHARD COHN 863 HOPE STREET PROVIDENCE, RI 02906</u>						

**FILED**  
**OCT 24 2013**  
1018

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

**Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name: Richard Cohn

Business Name:

No. and Street: 863 Hope St

City or Town: Providence

State: RI

Zip: 02906

Country: USA

Contact Phone: (401) 640-4261 ext:

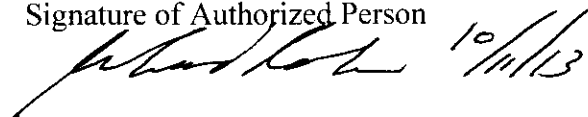
Contact Email: rcohn4@cox.net

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

**Signed this 11 Day of October, 2013 at 9:15:54 AM 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 Richard Cohn

Signature of Authorized Person



Make Corrections

Accept

Form No. 632  
Revised 09/07

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**FILED**

OCT 24 2013

BY ID 563387