



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

2014 JUN 30 PM 3:40
 CORPORATIONS DIV
 STATE

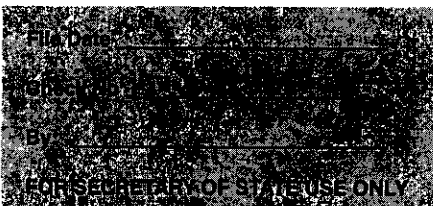
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2008**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000021190		2. Exact name of the Corporation RIVERVIEW FARMS INC			
3. Principal office address 3572 MAIN ROAD		City TIVERTON	State RI	Zip 02878	
4. Business Phone No. 401-569-4150		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE RENTAL					
President Name MATTHEW J. CAYER			Vice-President Name MATTHEW J. CAYER		
Street Address 3572 MAIN ROAD			Street Address 3572 MAIN ROAD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Secretary Name MATTHEW J. CAYER			Treasurer Name MATTHEW J. CAYER		
Street Address 3572 MAIN ROAD			Street Address 3572 MAIN ROAD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Director Name MATTHEW J. CAYER			Director Name		
Street Address 3572 MAIN ROAD			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED (X) (BOX FOR ATTACHMENT)		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	PAR	0

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.



FILED

JUN 30 2014

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.

Matthew J. Cayer 6/30/14
 Signature of Authorized Representative Date
MATTHEW J. CAYER
 Print or Type Name of Authorized Representative

BY HL 227633
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