

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

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. 000132217	2. Exact name of the limited liability company Riverview Capital Associates, LLC					
3. State of Formation	Brief description of the character of business conducted in Rhode Island Real Estate Rentals					
5. Principal office address 181 Wells Avenue			City Newton Center	State MA	Zip 02459	
6. MAILING ADDRESS OF LE Contact Name	MITED LIABILI	TY COMPANY AND NA	ME OR TITLE OF CONTACT PE	RSON:		
Robert Merowitz			Manager			
Street Address 181 Weils Avenue			City Newton Center	State MA	Zip 02459	
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME		PRESSES) OF THE LIN	HITED LIABILITY COMPANY, IF A	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name Robert Merowitz			Manager Name			
Street Address 181 Wells Avenue			Street Address			
City Newton Center	State MA	Zip 02459	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN RHO	DE ISLAND	<u> </u>		<u> </u>	3 0 0	
This Information is currently	of record in the	_	ary of State. Changes require fili	ng Form 642.	* 5 -5	
FILED						
		MAR 0 5 20	015		W 10: 49	
	В	you 2438	10:51			
File Date	<u>.</u>	•	Under penalty of perjur	ny accompanying	firm that I have examined schedules and statements are true and correct.	
Check No	<u>.</u>		λ		2/24/11-	
Ву:			Signature of Authorized Person Date			
FOR SECRETARY OF STAT	E USE ONLY		Robert Merowitz	Robert Merowitz Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012