

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 2015

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. 104559	RIVERV	RIVERVIEW INVESTMENTS, LLC					
3. State of Formation	4. Brief desc To engaç	Brief description of the character of business conducted in Rhode Island To engage in any business permitted LLC's under the Act.					
5. Principal office address 21 BRIDGE VIEW COURT			City SAUNDERSTOWN	State RI	Zip 02874		
Contact Name STEVE MANNI			Contact Title MEMBER				
Street Address 21 BRIDGE VIEW COURT			City SAUNDERSTOWN	State RI	Zip 02874		
Manager Name NONE			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
This information is currently	of record in the	e Office of the Sec	retary of State. Changes require filin	g Form 642.			

	FILED						
	OCT 0 8 2015						
/	11(04						

de vicinia.	3	en Romanda	المجهولية والعارسية
		م المحق إلى الله	
Service Control			
	e e e e e e e e e e e e e e e e e e e	اله المراجعية المراجعية	CONTRACTOR
10 mg 10 mg	A 2014 (S)	la caracilat	
Application of the second	e Principal Principal Action (1995) - 1995 Carried State (1995) - 1995 - 1995 - 1995	ji silva i njavist sa komitini. Geografija	rate of the state of
	OTTO THE CANADA		
The same and	rt de la constant	o di con un i	
"""阿拉克斯特"		[S] [25136][3	STORY STORY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Under penalty of perjury, I declare and affirm that I have examined

Signature of Authorized Person

STEVE MANNI

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012