

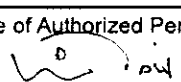
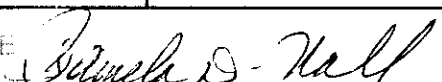


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

2016 AUG -9 AM 10:25  
DEPARTMENT OF STATE  
PROVIDENCE, RHODE ISLAND

**Annual Report for the year:** 2013  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>000154767</b>		2. Exact name of the Limited Liability Company <b>RIVEL INTERNATIONAL LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>NO BUSINESS CONDUCTED</b>			
5. Principal Office Address <b>MMG Tower, 23rd Floor, Paseo del Mar, Costa del este</b>		City <b>Panama, Panama</b>	State	Zip	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>David Luntz</b>		Contact Title <b>Authorized Person</b>			
Street Address <b>420 Lexington Avenue, #300</b>		City <b>New York</b>	State <b>NY</b>	Zip <b>10170</b>	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Luis A. Davis</b>		Manager Name <b>Pamela D. Hall</b>			
Street Address <b>MMG Tower, 23rd Fl, Paseo del Mar,</b>		Street Address <b>MMG Tower, 23rd Fl, Paseo del Mar</b>			
City <b>Costa del Este Panama</b>	State	Zip	City <b>Costa del Este Panama</b>	State	Zip
Manager Name <b>Silvia Clarke</b>		Manager Name <b>Morgan Secretarial Services, Inc.</b>			
Street Address <b>MMG Tower, 23rd Fl, Paseo del Mar</b>		Street Address <b>MMG Tower, 23rd Fl., Paseo del Mar.</b>			
City <b>Costa del Este Panama</b>	State	Zip	City <b>Costa del Este Panama</b>	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>LUIS DAVIS / PAMELA D. HALL</b>				Date <b>8/8/16</b>	
Signature of Authorized Person 				SIGN DOCUMENT HERE 	

**MAIL TO:**  
**Division of Business Services**  
148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** www.sos.ri.gov

**FILED**

AUG 09 2016

By 280912  
A.A. 10:26 A.M.

FORM 632 - Revised: 05/2016