



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

**Annual Report for the year:** 2016

**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>505030</b>		2. Exact name of the Limited Liability Company <b>East Side Vistas LLC</b>			
3. NAICS Code 53 - Real Estate and Rental and		4. Brief description of the character of business conducted in Rhode Island <b>Rental/Investment property</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>141 Old Jewett City Rd.</b>		City <b>Preston</b>		State <b>CT</b>	Zip <b>06365</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Tom Theve</b>		Contact Title <b>manager</b>			
Street Address <b>141 Old Jewett City Rd.</b>		City <b>Preston</b>		State <b>CT</b>	Zip <b>06365</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b>					
Manager Name <b>Tom Theve</b>		Manager Name			
Street Address <b>141 Old Jewett City Rd.</b>		Street Address			
City <b>Preston</b>	State <b>CT</b>	Zip <b>06365</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with 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>Tom Theve</b>				Date <b>9/11/2016</b>	
Signature of Authorized Person <i>Tom Theve</i>					

**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**

SEP 14 2016

By

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FORM 632 - Revised: 08/2016