

	<b>State of Rhode Island and Providence Plantations</b> <b>Office of the Secretary of State</b>	Fee: \$50.00
	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	<a href="#">  LOGOUT  </a>

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

 Help with this form

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:**

1. ID No.

2. Exact Name of the Limited Liability Company

3. State of Formation  
State:

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

**FILED**

SEP 16 2016

By \_\_\_\_\_

*190*

5. Principal Office Address

No. and Street:

City or Town:  State:  Zip:  Country:

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name:  Contact Title:

No. and Street:

PO BOX 268  
BLOCK ISLAND

City or Town:

State: RI

Zip: 02807

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Delete	Name	Address
<input type="checkbox"/>	CLIFFORD THEVE	Address, City or Town, State, Zip Code, Country PO BOX 268 BLOCK ISLAND, RI 02807 USA

First Name:  Middle Name:  Last Name:  Suffix:   
Address:  City:  State:  Zip:  Country:

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

ELIZABETH A. THEVE 262 SPRING STREET BLOCK ISLAND , RI 02807

Contact Name: ELIZABETH A. THEVE  
Business Name: West Side Vistas  
No. and Street: 262 SPRING STREET  
City or Town: BLOCK ISLAND  
Contact Phone: 401-935-4771 ext:   
Contact Email: theve@comcast.net

Resident/Registered Agent

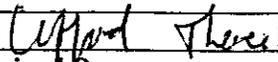
State: RI

Zip: 02807

Country:

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

**Signed this 14 Day of September, 2016 at 8:03:45 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.**

By    
Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal or causes of action arising from the submission of this

Accept  Decline

**FILED**  
SEP 16 2016

[Click HERE to Submit This Information](#)