

→ 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	2. Exact name of the Limited Liability Company				
000 121397	Riverside Housing LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
l 53	<b>)</b>	tment 1	cental		
5. State of Formation	Apar	rmerci			
RI					
6. Principal Office Address			City	State	Zip 02891
107 main St			Westerly	RI	0284
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Patricia Ritter			Contact Title		
Street Address 550 Brackett Rd			city Rye	State VH	Zip 03870
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Patricia M.R. Her			Manager Name		
Street Address 550 Brackett Rd			Street Address		
City Ryd	State V#	Zip 03810	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
			С	heck the box to indi	icate an attachment
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person Date					
Patricia M. Ritter 9/24/16					
Patricia M. Ritter 9/24/16 Signature of Authorized Person  Protection Protection Part of Authorized Person  Protection Part of Authorized Person					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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