	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.0
HOPE	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	
Limited Liability C Annual Report		
o file its annual report	G.L. 7-16-66(d), each limited liability company failing or refusing within thirty (30) days after the time prescribed by law (R.I.G.L. 7- to a penalty fee of \$25.00.	
ANNUAL REPORT YE	EAR: <u>2016</u>	
1. ID No. <u>000513</u>	3760	
2. Exact Name of th	e Limited Liability Company <u>RIVEREDGE, LLC</u>	
3. State of Formatio	n	
State: <u>NY</u>		
	ARTICLE III	
Licing the following N/		
	ARTICLE III AICS codes, please select the code that best describes your business.	
Using the following NA		
NAICS Code	AICS codes, please select the code that best describes your business.	e Island
NAICS Code 4. Brief Description of	AICS codes, please select the code that best describes your business. $\underline{6}$	e Island
NAICS Code 4. Brief Description of REAL ESTATE	AICS codes, please select the code that best describes your business.	e Island
NAICS Code 4. Brief Description of REAL ESTATE 5. Principal Office Action No. and Street:	AICS codes, please select the code that best describes your business.	
NAICS Code 4. Brief Description of <u>REAL ESTATE</u> 5. Principal Office Ac No. and Street: City or Town:	AICS codes, please select the code that best describes your business.	
AICS Code 4. Brief Description of <u>REAL ESTATE</u> 5. Principal Office Ac No. and Street: City or Town: 6. Mailing Address of Contact Name: Contact	AICS codes, please select the code that best describes your business. <u>53</u> of the Character of the Business Which is Actually Conducted in Rhode ddress <u>250 DAVID COURT</u> <u>CALVERTON</u> State: <u>NY</u> Zip: <u>11933</u> Country:	
NAICS Code 4. Brief Description of REAL ESTATE 5. Principal Office Action No. and Street: City or Town: 6. Mailing Address of Contact Name: Contact Name: No. and Street: 2	AICS codes, please select the code that best describes your business. <u>53</u> of the Character of the Business Which is Actually Conducted in Rhode ddress <u>250 DAVID COURT</u> <u>CALVERTON</u> State: <u>NY</u> Zip: <u>11933</u> Country: of Limited Liability Company and Name or Title of Contact Person: tact Title:	<u>USA</u>
NAICS Code 4. Brief Description of REAL ESTATE 5. Principal Office Action No. and Street: City or Town: 6. Mailing Address of No. and Street: Contact Name: Contact Name: No. and Street: City or Town:	AICS codes, please select the code that best describes your business. <u>53</u> of the Character of the Business Which is Actually Conducted in Rhode ddress <u>250 DAVID COURT</u> <u>CALVERTON</u> State: <u>NY</u> Zip: <u>11933</u> Country: of Limited Liability Company and Name or Title of Contact Person: tact Title: <u>250 DAVID COURT</u> <u>CALVERTON</u> State: <u>NY</u> Zip: <u>11933</u> Country: tact Title: <u>250 DAVID COURT</u> <u>CALVERTON</u> State: <u>NY</u> Zip: <u>11933</u> Country: as of Each Manager of the Limited Liability Company, if Applicable.	<u>USA</u>
NAICS Code 4. Brief Description of REAL ESTATE 5. Principal Office Action No. and Street: City or Town: 6. Mailing Address of Contact Name: Contact No. and Street: Contact Name: Contact Name: Contact You and Street: Contact City or Town: Contact You and Street: Contact City or Town: Contact You and Street: Contact City or Town: Contact You and Address Contact You and Street: Contact <	AICS codes, please select the code that best describes your business. <u>53</u> of the Character of the Business Which is Actually Conducted in Rhode ddress <u>250 DAVID COURT</u> <u>CALVERTON</u> State: <u>NY</u> Zip: <u>11933</u> Country: of Limited Liability Company and Name or Title of Contact Person: tact Title: <u>250 DAVID COURT</u> <u>CALVERTON</u> State: <u>NY</u> Zip: <u>11933</u> Country: tact Title: <u>250 DAVID COURT</u> <u>CALVERTON</u> State: <u>NY</u> Zip: <u>11933</u> Country: as of Each Manager of the Limited Liability Company, if Applicable.	<u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

LAURA VANHOUTEN C/O RIVERHEAD BUILDING 6000 POST ROAD NORTH KINGSTOWN, RI 02852

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 17 Day of October, 2016 at 12:37:42 PM 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 <u>TRACY KAPPENBERG</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved