



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

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R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2016 DEC 30 PM 1:39

Limited Liability Company Annual Report for the year: 2015

Filing period: September 1 - November 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number 581036		2. Exact name of the Limited Liability Company M RIVAS LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island REAL STATE MANAGEMENT, HEALTH PRODUCTS			
5. Principal Office Address 128 COURTLAND ST		City PROVIDENCE	State RI	Zip 02909	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MARITZA RIVAS			Contact Title OFFICER		
Street Address 128 COURTLAND ST		City PROVIDENCE	State RI	Zip 02909	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name MARITZA RIVAS			Manager Name		
Street Address 128 COURTLAND ST			Street Address		
City PROVIDENCE	State RI	Zip 02909	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"/>					
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person MARITZA RIVAS				Date 05/26/2016	
Signature of Authorized Person <i>Maritza Rivas</i>					

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BY 298075