s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-30	treet)4-2615	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>000142685</u>			
2. Exact Name of the Limited Liability Company <u>RIVER SIDE CONDOMINIUMS, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
	- Character of the Dusiness Whiel		
4. Brief Description of th	e Character of the Business Whicl	is Actually Conducted in	Rhode Island
REAL ESTATE BUILD	RENT SELL		
5. Principal Office Addre	SS		
	INE HILL AVENUE NSTON State	e: <u>RI</u> Zip: <u>02919</u> C	ountry: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	e or Title of Contact Perso	on:
	^{Title:} I <u>NE HILL AVENUE</u> <u>NSTON</u> State	e: <u>RI</u> Zip: <u>02919</u> C	ountry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State,	Zip Code, Country
8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER		
1	· · · · · · · · · · · · · · · · · · ·		

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

MAUREEN GILLMORE 67 PINE HILL AVENUE JOHNSTON, RI 02919

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

Signed this 6 Day of October, 2017 at 10:51:44 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 MAUREEN GILLMORE

Signature of Authorized Person

Form No. 632 Revised 09/07

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