



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

**Annual Report for the year: 2017**  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

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|   |       |  |                             |                         |     |
|---|-------|--|-----------------------------|-------------------------|-----|
| 1. Entity ID Number<br><b>1660271</b>   |       | 2. Exact name of the Limited Liability Company<br><b>LV Appliance, LLC</b>                               |                             |                         |     |
| 3. NAICS Code<br><b>811490</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Appliance Repairs.</b> |                             |                         |     |
| 5. State of Formation<br><b>Rhode Island</b>  |       |  |                             |                         |     |
| 6. Principal Office Address<br><b>39 Villa Avenue</b>   |       | City<br><b>North Providence</b>  | State<br><b>RI</b>          | Zip<br><b>02904</b>     |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                             |                         |     |
| Contact Name <b>Lawrence E. Viviano</b>   |       |  | Contact Title <b>Member</b> |                         |     |
| Street Address <b>39 Villa Avenue</b>   |       | City <b>North Providence</b>   | State <b>RI</b>             | Zip <b>02904</b>        |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |                             |                         |     |
| Manager Name  |       | Manager Name   |                             |                         |     |
| Street Address  |       | Street Address   |                             |                         |     |
| City  | State | Zip  | 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"/>  |       |  |                             |                         |     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |  |                             |                         |     |
| <b>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.</b> |       |  |                             |                         |     |
| Name of Authorized Person<br><b>Lawrence E. Viviano, Member</b>   |       |  |                             | Date<br><b>10 23 17</b> |     |
| Signature of Authorized Person<br>  |       |  |                             |                         |     |

**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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