



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

Annual Report for the year:

Non-Profit Corporation

2018

STAMP

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 31349		2. Exact name of the Corporation The Riverview Improvement Association	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Neighborhood social organization	
4. NAICS Code 813319			
6. Principal Office Address 16 Lippitt Ave.		City Warwick	State RI
		Zip 02889	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Kevin Eisemann		Vice-President Name Stephanie Van Patten	
Street Address 42 Bolster Ave.		Street Address 15 River Vue Ave.	
City Warwick	State RI	City Warwick	State RI
Zip 02889		Zip 02889	
Secretary Name Pauline Genest		Treasurer Name Patricia A. Amirault	
Street Address 51 Cady Ave.		Street Address 16 Lippitt Ave.	
City Warwick	State RI	City Warwick	State RI
Zip 02889		Zip 02889	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name William Sears		Director Name Linda Hagstrom	
Street Address 65 River Vue Ave.		Street Address 52 Mill Cove Rd.	
City Warwick	State RI	City Warwick	State RI
Zip 02889		Zip 02889	
Director Name Nickolas Papas		Director Name	
Street Address 11 Whipple Ave.		Street Address	
City Warwick	State RI	City	State
Zip 02889		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative Patricia A. Amirault			Date 5/8/18
Signature of Officer/Authorized Representative Patricia A. Amirault <small>SIGN DOCUMENT HERE</small>			

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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MAY 10 2018

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