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

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**Annual Report for the year:** 2018
**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.

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | |
|---|---|---|---|
| 487369 | RIVER STREET PROPERTIES, LLC | | |
| 3. NAICS Code: 531190 | 4. Brief description of the character of business conducted in Rhode Island: REAL ESTATE | | |
| 5. State of Formation: RI | | | |
| 6. Principal Office Address: 350 RIVER STREET | City: WOONSOCKET | State: RI | Zip: 02895 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name: JAMES A. CASCIANO | Contact Title: AUTHORIZED PERSON | | |
| Street Address: 9 PLYMOUTH DRIVE | City: BARRINGTON | State: RI | Zip: 02806 |

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 ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

***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.***

| Name of Authorized Person: JAMES A. CASCIANO | Date |
|---|---|
| Signature of Authorized Person: SIGN DOCUMENT HERE James A. Casciano | |

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

**FILED**
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FORM 632 - Revised: 10/2017