



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

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 CORPORATIONS DIV
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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 581036		2. Exact name of the Limited Liability Company M RIVAS LLC			
3. NAICS Code 446191		4. Brief description of the character of business conducted in Rhode Island HEALTH PRODUCT			
5. State of Formation RI					
6. Principal Office Address 486 BROADWAY ST		City PROVIDENCE	State RI	Zip 02909	
7. 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	
8. 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"/>					
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 MARITZA RIVAS				Date 12/18/2018	
Signature of Authorized Person <i>Maritza Rivas</i>			SIGN DOCUMENT HERE		

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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