



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

**Annual Report for the year: 2020**  
**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.

**FILED**  
**STAMP**  
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 BY 2465  
JOA

|                                                                                                                                                                                                             |       |                                                                                                                                                                          |                                |                        |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------|---------------------|
| 1. Entity ID Number<br><b>000132324</b>                                                                                                                                                                     |       | 2. Exact name of the Limited Liability Company<br><b>RIVERSIDE REAL ESTATE, LLC</b>                                                                                      |                                |                        |                     |
| 3. NAICS Code<br><b>531390</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>OWNING, OPERATING, LEASING, BUYING, SELLING AND OTHERWISE DEALING WITH REAL ESTATE</b> |                                |                        |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                |       |                                                                                                                                                                          |                                |                        |                     |
| 6. Principal Office Address<br><b>670 WILLETT AVENUE</b>                                                                                                                                                    |       |                                                                                                                                                                          | City<br><b>EAST PROVIDENCE</b> | State<br><b>RI</b>     | Zip<br><b>02915</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                                                                          |                                |                        |                     |
| Contact Name <b>WILLIAM J. CONLEY, JR.</b>                                                                                                                                                                  |       |                                                                                                                                                                          | Contact Title <b>MEMBER</b>    |                        |                     |
| Street Address <b>123 DYER STREET, UNIT 2B</b>                                                                                                                                                              |       |                                                                                                                                                                          | City <b>PROVIDENCE</b>         | State <b>RI</b>        | Zip <b>02903</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.                                                                   |       |                                                                                                                                                                          |                                |                        |                     |
| <i>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.</i> |       |                                                                                                                                                                          |                                |                        |                     |
| Name of Authorized Person<br><b>WILLIAM J. CONLEY, JR.</b>                                                                                                                                                  |       |                                                                                                                                                                          |                                | Date<br><b>10/2/20</b> |                     |
| Signature of Authorized Person<br>                                                                                       |       |                                                                                                                                                                          |                                | SIGN DOCUMENT HERE     |                     |

**MAIL TO:**

**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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