**FILED** 

Annual Report for the year: 2020 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty<sup>-</sup> Additional \$25.00 fee if form is not filed by December 1.

DEC 01 2020	\
BY 1004 =	<u>)</u>
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1, Entity ID Number	L.	2. Exact name of the Limited Liability Company					
000806718	ŀ	THE RIOVIEW GROUP LLC					
3 NAICS Code	4 Brief descri	4 Brief description of the character of business conducted in Rhode Island					
531120	REAL ESTAT	REAL ESTATE					
5. State of Formation							
RI							
<u> </u>	L		City	State	Zip		
6 Principal Office Address			WAKEFIELD	RI	02879		
730 KINGSTOWN ROAD							
7. Mailing Address of Limit	ed Liability Company	and Name or Titl	le of Contact Person				
Contact Name JULIA WESTCOTT			Contact Title ACCOUNTANT				
Street Address 730 KINGSTOWN ROAD			City WAKEFIELD	State RI	Zip 02879		
9 List All managers (nar	mes and addresses)	of the Limited Lia	bility Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS		
Manager Name PABLO RODRIGUEZ		Manager Name					
Street Address 860H CURTIS CORNER ROAD			Street Address				
City WAKEFIELD	State RI	Zip <sub>02879</sub>	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zıp	Cily	State	Zip		
		<u> </u>		Check the box to	indicate an attachment		
O. The Perident Agent in	formation currently o	f record with the F	RI Department of State is accu				
Linder penalty of periur	v. I declare and affi	rm that I have ex	amined this report, includir	ng any accompanyi	ng schedules and		
statements, and that all statements contained herein are true and correct.				Date	Date		
Name of Authorized Person				11/19/20			
JULIA WESTCOTT							
Signature of Authorized	Person						
1 11							

**Division of Business Services** 

148 W. River Street. Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov