



State of Rhode Island

Department of State - Business Services Division

**FILED**

Annual Report for the year: **2021**

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

AUG 23 2021  
 BY 333/3452  
00

1. Entity ID Number <b>000031349</b>		2. Exact name of the Corporation <b>The River View Improvement Association</b>						
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Non profit community welfare and social services						
4. NAICS Code 813319 - Other Social Advoc								
6. Principal Office Address c/o Patricia Amirault, 16 Lippitt Ave.				City Warwick		State RI	Zip 02889	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>								
President Name <b>Kevin Eisemann</b>				Vice-President Name <b>Vacant position</b>				
Street Address <b>42 Bolster Ave.</b>				Street Address				
City <b>Warwick</b>		State <b>RI</b>	Zip <b>02889</b>		City		State	Zip
Secretary Name <b>Kathy Eisemann</b>				Treasurer Name <b>Patricia Amirault</b>				
Street Address <b>42 Bolster Ave.</b>				Street Address <b>16 Lippitt Ave.</b>				
City <b>Warwick</b>		State <b>RI</b>	Zip <b>02889</b>		City <b>Warwick</b>		State <b>RI</b>	Zip <b>02889</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>								
Director Name <b>William Sears</b>				Director Name <b>Nickolas Papas</b>				
Street Address <b>65 River Vue Ave.</b>				Street Address <b>11 Whipple Ave.</b>				
City <b>Warwick</b>		State <b>RI</b>	Zip <b>02889</b>		City <b>Warwick</b>		State <b>RI</b>	Zip <b>02889</b>
Director Name <b>Linda Hagstrom</b>				Director Name				
Street Address <b>52 Mill Cove Rd.</b>				Street Address				
City <b>Warwick</b>		State <b>RI</b>	Zip <b>02889</b>		City		State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.								
<b>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.</b>								
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>								
Name of Officer/Authorized Representative <b>Patricia A. Amirault</b>						Date <b>07/28/21</b>		
Signature of Officer/Authorized Representative <i>Patricia A. Amirault</i>								

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