



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

Annual Report for the year: 2021

**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.

NOV 02 2021

BY B. P. Puckett

|                                                                                                                                                                                                             |                 |                                                                                                                                                                                                               |                           |                     |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------|-----|
| 1. Entity ID Number<br><b>532991</b>                                                                                                                                                                        |                 | 2. Exact name of the Limited Liability Company<br><b>Riversong, LLC</b>                                                                                                                                       |                           |                     |     |
| 3. NAICS Code<br>53 - Real Estate and Rental and                                                                                                                                                            |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>investing in operating &amp; developing the commercial real estate located at 55 Lathrop Road Extension, Plainfield, CT</b> |                           |                     |     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |                 |                                                                                                                                                                                                               |                           |                     |     |
| 6. Principal Office Address<br><b>27 Winsor Road</b>                                                                                                                                                        |                 | City<br><b>Foster</b>                                                                                                                                                                                         | State<br><b>RI</b>        | Zip<br><b>02825</b> |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                 |                                                                                                                                                                                                               |                           |                     |     |
| Contact Name <b>Betsy P. Puckett</b>                                                                                                                                                                        |                 | Contact Title <b>Manager</b>                                                                                                                                                                                  |                           |                     |     |
| Street Address <b>27 Winsor Road</b>                                                                                                                                                                        |                 | City <b>Foster</b>                                                                                                                                                                                            | State <b>RI</b>           | Zip <b>02825</b>    |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                 |                                                                                                                                                                                                               |                           |                     |     |
| Manager Name <b>Betsy P. Puckett</b>                                                                                                                                                                        |                 | Manager Name                                                                                                                                                                                                  |                           |                     |     |
| Street Address <b>27 Winsor Road</b>                                                                                                                                                                        |                 | Street Address                                                                                                                                                                                                |                           |                     |     |
| City <b>Foster</b>                                                                                                                                                                                          | State <b>RI</b> | Zip <b>02825</b>                                                                                                                                                                                              | 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.                                                                   |                 |                                                                                                                                                                                                               |                           |                     |     |
| <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> |                 |                                                                                                                                                                                                               |                           |                     |     |
| Name of Authorized Person<br><b>Betsy P. Puckett</b>                                                                                                                                                        |                 |                                                                                                                                                                                                               | Date<br><b>10-27-2021</b> |                     |     |
| Signature of Authorized Person<br><i>Betsy P. Puckett</i> <b>SIGN DOCUMENT HERE</b>                                                                                                                         |                 |                                                                                                                                                                                                               |                           |                     |     |

**MAIL TO:**

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