



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.

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 BUS SVCS DIV  
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1. Entity ID Number <b>001704233</b>		2. Exact name of the Limited Liability Company <b>Rivard Partners Opportunity Fund, LLC</b>			
3. NAICS Code 551112		4. Brief description of the character of business conducted in Rhode Island Holding Company			
5. State of Formation DE					
6. Principal Office Address 100 Adams Point Road		City Barrington	State RI	Zip 02806	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Frank William Daugherty, III</b>			Contact Title <b>Manager</b>		
Street Address <b>100 Adams Point Road</b>		City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Frank William Daugherty, III</b>		Manager Name <b>Paul J. Salem</b>			
Street Address <b>100 Adams Point Road</b>		Street Address <b>50 Kennedy Plaza, 18th Floor</b>			
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Manager Name <b>Tracy Daugherty</b>		Manager Name			
Street Address <b>100 Adams Point Road</b>		Street Address			
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02886</b>	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 <b>Frank William Daugherty, III</b>				Date <b>12-1-21</b>	
Signature of Authorized Person 		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

**FILED**  
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