



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

APR 20 2023 STAMP

6103 *[Signature]*

| | | | | | |
|---|---|---|---|-------------|-------------------|
| 1. Entity ID Number 154925 | | 2. Exact name of the Corporation Riverside Village Development Corp. | | | |
| 3. Principal Office Address 1029 Mendon Road | | City Cumberland | | State RI | Zip 02864 |
| 4. NAICS Code 531390 | 6. Brief description of the character of business conducted in Rhode Island To buy, sell, own, develop and manage real estate. | | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Lisa Audette | | | Vice-President Name Edward Mulholland | | |
| Street Address 1029 Mendon Road | | | Street Address 1029 Mendon Road | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES CLASS/SERIES PAR VALUE | | |
| | | | 4000 | | 0 |
| | | | | | |
| 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. | | | | | |
| 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. | | | | | |
| Name of Authorized Representative Peter Bouchard | | | | | Date 3/21/2023 |
| Signature of Authorized Representative <i>Peter Bouchard</i> | | | | | |

MAIL TO:

Division of Business Services

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Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023