



State of Rhode Island
Department of State - Business Services Division

FILED FEB 14 2024
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BY DS BY DS

Annual Report for the year: 2024
Limited Liability Company

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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|---|--|---|-----------------------|
| 1. Entity ID Number 000088932 | | 2. Exact name of the Limited Liability Company RIVERVIEW MOBILE HOME LLC | |
| 3. NAICS Code 531110 | | 4. Brief description of the character of business conducted in Rhode Island Mobile Home ownership | |
| 5. State of Formation Rhode Island | | | |
| 6. Principal Office Address 74 Honeyman Ave. 2 REARDON DR. | | City Middletown | State RI |
| Zip 02842 | | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name Jeffrey Lemler | | Contact Title MR. | |
| Street Address 2 Reardon Drive | | City Middletown | State RI |
| Zip 02842 | | | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | |
| 9. 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 Person Jeffrey Lemler | | | Date 2/8/24 |
| Signature of Authorized Person <i>Jeffrey Lemler</i> | | | |

MAIL TO:

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