

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 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.



1. Entity ID Number	Exact name of the Limited Liability Company			
001713197	Riveter Saltworks LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
424490	SEASALT HARVESTING			
5. State of Formation				
RI				
6. Principal Office Address		City	State	Zip
32 BANFIELD LANE		SAUNDERSTOWN	RI	02874
7. Mailing Address of Limited Lia	ibility Company and Name or Title	of Contact Person		
Contact Name CHRISTINE BOUVIER		Contact Title		
Street Address 32 BANFIELD LANE		City SAUNDERSTOWN	State RI	^{Zip} 02874
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
	leclare and affirm that I have exa nents contained herein are true		y accompanyii	ng schedules and
Name of Authorized Person			Date	1-
CHRISTINE BOLIVIER			1016	5/24
Signature of Authorized Person				10 1

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**

OCT 1 5 2024

FORM 632 - Reviled: 12/2023