



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

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

FILED

JUL 07 2025
BY 2059
[Signature]

1. Entity ID Number 001777541		2. Exact name of the Corporation LARIV'S INSPECTIONS, INC.			
3. Principal Office Address 220 PROVIDENCE PIKE		City NORTH SMITHFIELD		State RI	Zip 02896
4. NAICS Code 541350		6. Brief description of the character of business conducted in Rhode Island HOME INSPECTIONS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name DONALD LARIVIERE			Vice-President Name AIMEE LARIVIERE		
Street Address 220 PROVIDENCE PIKE			Street Address 220 PROVIDENCE PIKE		
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
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 ☐					
Director Name DONALD LARIVIERE			Director Name AIMEE LARIVIERE		
Street Address 220 PROVIDENCE PIKE			Street Address 220 PROVIDENCE PIKE		
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		PAR VALUE	
		100	COMMON	NO PAR	
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 DONALD LARIVIERE				Date 6/27/2025	
Signature of Authorized Representative [Signature]					

MAIL TO:

Division of Business Services
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