

CERTIFICATE OF SUFFICIENCY

To the Mayor and Board of Aldermen of the Town of Shallotte, North Carolina:

I, Natalie Goins, Town Clerk, do hereby certify that I have investigated the annexation petition of property located at 190 Wildwood Street (PID 197JB003) and hereby make the following findings:

- a. The petition contains a metes and bounds description of the area proposed for annexation.
- b. The area described in the petition is contiguous to the Town of Shallotte primary corporate limits, as defined by G.S. 160A-31.
- c. The petition is signed by and includes addresses of all owners of real property lying in the area described therein.

In witness whereof, I have hereunto set my hand and affixed the seal of the Town of Shallotte, this 17th day of January, 2025.



Natalie Goins
Natalie Goins, Town Clerk

Parcels: 197JB003

Property Tax Cards

2024 Tax Card

2023 Tax Card

2022 Tax Card

2021 Tax Card

2020 Tax Card

Parcel Information

Parcel ID: 197JB003

Parcel PIN: 107707691636

Calc. Acreage: 0.47

Legal Description

L-3 & S 1/2 OF 4 B-B S-1 WILDWOOD VILLAGE PL-160/70

Owner Information

Owner Name:

RIVERTIDE CORP

Mailing Address:

3929 WILLOWICK PARK DR

WILMINGTON, NC 28409-3695

Deed and Plat References

Deed Book: 05256

Deed Page: 0638

Plat Book:00160

Plat Page: 00070

PARCEL PHOTO



BUSINESS CORPORATION ANNUAL REPORT

10-2017

NAME OF BUSINESS CORPORATION: Rivertide Corp.

SECRETARY OF STATE ID NUMBER: 1976956

STATE OF FORMATION: NC

REPORT FOR THE FISCAL YEAR END: _____



Filing Office Use Only

Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: Maverick Pate

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED AGENT OFFICE STREET ADDRESS & COUNTY

4. REGISTERED AGENT OFFICE MAILING ADDRESS

3929 Willowick Park Dr

3929 Willowick Park Dr

Wilmington, NC 28409 New Hanover

Wilmington, NC 28409 New Hanover

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: construction

2. PRINCIPAL OFFICE PHONE NUMBER: (910) 880-2239

3. PRINCIPAL OFFICE EMAIL: _____

4. PRINCIPAL OFFICE STREET ADDRESS

5. PRINCIPAL OFFICE MAILING ADDRESS

3929 Willowick Park Dr

3929 Willowick Park Dr

Wilmington, NC 28409 New Hanover

Wilmington, NC 28409 New Hanover

6. Select one of the following if applicable. (Optional see instructions)

The company is a veteran-owned small business

The company is a service-disabled veteran-owned small business

SECTION C: OFFICERS (Enter additional officers in Section E.)

NAME: Maverick Pate

NAME: _____

NAME: _____

TITLE: President

TITLE: _____

TITLE: _____

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

3929 Willowick Park Dr

Wilmington, NC 28409 New Hanover

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

SIGNATURE

DATE

Form must be signed by an officer listed under Section C of this form.

Print or Type Name of Officer

Print or Type Title of Officer

SUBMIT THIS ANNUAL REPORT WITH THE REQUIRED FILING FEE OF \$25
MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525