



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(2)) is subject to a penalty fee of \$25.00.

1. ID No. 000164556		2. Exact name of the limited liability company Robert Day, LLC	
3. State of Formation DE		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate	
5. Principal office address c/o Summit Strategies LLC 100 Cummings Cntr, Ste. 430 G		City Beverly	State MA
		Zip 01915	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Scott Rouisse		Contact Title	
Street Address 100 Cummings Center, Suite 430 G		City Beverly	State MA
		Zip 01915	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

FILED

DEC 15 2009

By

104076

9:36

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

000164556

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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

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.

Scott R. Rouisse 12/9/09
Signature of Authorized Person Date

Scott R. Rouisse
Print or Type Name of Authorized Person

File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY