

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact na	2. Exact name of the limited liability company				
486538	The Sur	The Summit Management Group, LLC				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
RI		Real estate investing				
5. Principal office address 136 Indian Run Trail			City Smithfield	State Ri	Zip 02917	
6. MAILING ADDRESS O	F LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:		
Contact Name Richard Clark			Contact Title Manager			
Street Address 136 Indian Run Trail			City Smithfield	State RI	Zip 02917	
7 LIST <u>ALL</u> MANAGERS 'Y" BOX FOR ATTAC	(NAMES AND ADD HMENT)	RESSES) OF THE LI	MITED LIABILITY COMPANY, I	F APPLICABLE - DO	NOT LIST MEMBERS	
lanager Name Richard Clark			Manager Name None			
Street Address 136 Indian Run Tra	·					
	il		Street Address		,, = 10.1	
City Smithfield	State RI	Zip 02917	Street Address City	State	Zip	
City Smithfield Manager Name None	State	Zip 02917		State	Zip	
Smithfield Manager Name None	State	Zip 02917	City Manager Name	State	Zip	
Smithfield Manager Name None Street Address	State	Zip 02917 Zip	City Manager Name None	State	Zip	
Smithfield Manager Name	State RI State	02917	City Manager Name None Street Address			

FILED

OCT 2 0 2015

ву\�?	26		
File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements		
Check No	and that all statements contained herein are true and correct.		
Ву:	Signature of Authorized Person Date		
FOR SECRETARY OF STATE USE ONLY			
TOTAL OF STATE OF STATE	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012