



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 000582613		2. Exact name of the Limited Liability Company Summit RI Landlord LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island To acquire, operate, conduct, lease and own a nursing home located in the City of Providence, Rhode Island and related activities.			
5. Principal Office Address 99 Hillside Avenue		City Providence		State RI	Zip 02906
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Lawrence G. Santilli			Contact Title Manager		
Street Address 135 South Road		City Farmington		State CT	Zip 06032
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Lawrence G. Santilli			Manager Name		
Street Address 135 South Road			Street Address		
City Farmington	State CT	Zip 06032	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.					
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 Person Lawrence G. Santilli				Date 8/15/16	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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