



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

STAMP

SECRETARY OF STATE  
OF RHODE ISLAND

Annual Report for the year: 2017

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 1661960		2. Exact name of the Limited Liability Company 300 SUMMIT AVENUE, LLC	
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island To acquire, construct, own and manage real property.	
5. State of Formation Rhode Island			
6. Principal Office Address 32 Midnight Court		City Saunders town	State RI Zip 02874
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Thomas R. Factor		Contact Title Member	
Street Address 32 Midnight Court		City Saunders town	State RI Zip 02874
8. List ALL managers (names and addresses) of the Limited Liability Company IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name Thomas R Factor		Manager Name	
Street Address 32 Midnight Court		Street Address	
City Saunders town RI		State RI	Zip 02874
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Check the box to indicate an attachment <input type="checkbox"/>			
9. Resident Agent in Rhode Island. This information is currently of record with 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 Thomas R. Factor		Date 9-11-2017	
Signature of Authorized Person Thomas R Factor		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

FILED

SEP 15 2017  
BY 4122200