| s s | tate of Rhode Island and Pro Office of the Secreta | | NS Fee: \$50.00 |
|--|---|-----------------------------|---|
| | Division Of Business 148 W. River S | | |
| HOPE | Providence RI 0290 (401) 222-30 | | |
| Limited Liability Com Annual Report Filing Period: September 1 | | | |
| In accordance with R.I.G.L. | 7-16-66(d), each limited liability com n thirty (30) days after the time presc | | - |
| ANNUAL REPORT YEAR: | <u>2019</u> | | |
| 1. ID No. <u>001688634</u> | <u>1</u> | | |
| 2. Exact Name of the Limited Liability Company Summer, LLC | | | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| | ARTICLE III | | |
| - | Code that best describes the primary e information on <u>NAICS</u> can be found | - | the entity. Download |
| <u>531110</u> | | | |
| 4. Brief Description of th | e Character of the Business Which | n is Actually Conducte | ed in Rhode Island |
| <u>3 UNIT RESIDENTIAL</u> | RENTAL PROPERTY. | | |
| 5. Principal Office Addre | SS | | |
| | LEEWARD DRIVE STERLY State: | <u>RI</u> Zip: <u>02891</u> | Country: <u>USA</u> |
| 6. Mailing Address of Li | nited Liability Company and Name | e or Title of Contact P | erson: |
| | S KELLOGG Contact Title: OWNE | <u>R</u> | |
| | EEWARD DRIVE STERLY State: | <u>RI</u> Zip: <u>02891</u> | Country: USA |
| 7. Name and Address of DO NOT LIST MEMBE | Each Manager of the Limited Liab | oility Company, if App | licable. |
| Title | Individual Name First, Middle, Last, Suffix | | ress State, Zip Code, Country |
| | | | |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER | | | |

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CHARLEY KELLOGG 12 LEEWARD DRIVE WESTERLY, RI 02891

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

Signed this 6 Day of September, 2019 at 9:07:12 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>CHARLES KELLOGG</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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