RI SOS Filing Number: 201926042640 Date: 10/28/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

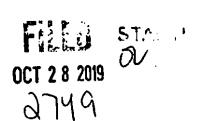
Department of State - Business Services Division

Annual Report for the year: _2019 **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.



Entity ID Number	2. Exact name of the Limited Liability Company				
1661960	300 SUMMIT AVENUE, LLC				
3. NAICS Code	4 Brief description of the character of business conducted in Rhode Island				
531110	TO ACQUIRE, CONSTRUCT, OWN AND MANAGE REAL PROPERTY.				
5. State of Formation]				
RHODE ISLAND	İ				
6. Principal Office Address			City	State	Zıp
32 MIDNIGHT COURT			SAUNDERSTOWN	RI	02874
7. Mailing Address of Limited Lia	bility Company	and Name or Titl		<u> </u>	
Contact Name THOMAS R. FACTOR			Contact Title MEMBER		
Street Address 32 MIDNIGHT COURT			City SAUNDERSTOWN	State RI	^{Zip} 02874
8. List ALL managers (names ar	nd addresses)	of the Limited Liat	oility Company, IF APPLICABLE	DO NOT LIST	MEMBERS
Manager Name THOMAS R. FACTOR			Manager Name		
Street Address 32 MIDNIGHT COURT			Street Address		
City SAUNDERSTOWN	State RI	Zip 02874	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	<u> </u>		C	heck the box to	indicate an attachment
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 dec statements, and that all staten			mined this report, including an e and correct.	y accompanyin	g schedules and
Name of Authorized Person				Date	1/10
Thomas R. Factor				10/9	1/2019
Signature of Authorized Person Thomas R. Tacking 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