



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.

FILED
OCT 28 2019
2749
STAMP
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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 SAUNDERSTOWN		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 SAUNDERSTOWN		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 SAUNDERSTOWN	State RI	Zip 02874	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 10/9/2019	
Signature of Authorized Person <i>Thomas R. Factor</i>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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