



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2020

## 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.

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|  |       |  |                       |                 |              |
|--|-------|--|-----------------------|-----------------|--------------|
| 1. Entity ID Number<br>1684361   |       | 2. Exact name of the Limited Liability Company<br>Top Notch, LLC                           |                       |                 |              |
| 3. NAICS Code<br>531390  |       | 4. Brief description of the character of business conducted in Rhode Island<br>Real Estate |                       |                 |              |
| 5. State of Formation<br>RI  |       |  |                       |                 |              |
| 6. Principal Office Address<br>122 Touro Street  |       |  | City<br>Newport       | State<br>RI     | Zip<br>02840 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |  |                       |                 |              |
| Contact Name Samuel M.V. Hamilton III  |       |  | Contact Title Manager |                 |              |
| Street Address 44 Abele Road, Suite #400   |       |  | City Bridgeville      | State PA        | Zip 15017    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |       |  |                       |                 |              |
| Manager Name Same as above   |       |  | Manager Name          |                 |              |
| Street Address   |       |  | Street Address        |                 |              |
| City   | State | Zip  | 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. The Resident Agent information currently of record with the RI Department of State is accurate. 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<br>Samuel M.V. Hamilton III  |       |  |                       | Date<br>11/1/20 |              |
| Signature of Authorized Person<br>   |       |  |                       |                 |              |

## MAIL TO:

Division of Business Services

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