



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019

Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 000905626		2. Exact name of the Limited Liability Company ARC HTNEWRI001, LLC	
3. NAICS Code 531120		4. Brief description of the character of business conducted in Rhode Island Own, manage, and lease real estate.	
5. State of Formation DE			
6. Principal Office Address 38 Washington Street		City Newport	State RI
		Zip 02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Michael Anderson		Contact Title Manager	
Street Address 38 Washington Street		City Newport	State RI
		Zip 02840	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person Michael Anderson, Authorized Signatory		Date 5/2/2023	
Signature of Authorized Person 			

 FILED
 1:06
 MAY 18 2023
 BY ML BNEME

MAIL TO:

Division of Business Services

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