

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024 **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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Entity ID Number	2. Exact name of the Limited Liability Company				
000154756	SUMMER HOUSE INN LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531110	RESIDENTIAL RENTAL	BUILDING			
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
815 POINT JUDITH ROAD		NARRAGANSETT	RI	02882	
7. Mailing Address of Limited Lia	ability Company and Name or Title	of Contact Person			
Contact Name JAMES DURKIN		Contact Title MEMBER			
Street Address 815 POINT JUDITH ROAD		City NARRAGANSETT	State R1	² 02882	
8. The Resident Agent information	on currently of record with the RI D	epartment of State is accurate. C	hanges require t	filing Form 642.	
	declare and affirm that I have examents contained herein are true		y accompanyir	ng schedules and	
Name of Authorized Person JAMES DURKIN	\wedge	•	Date L 2	1/23	
Signature of Authorized Pelson	1)			•	
			<u></u>		

FILED

DEC 2 6 2023 BY ML K JQ JA

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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