RI SOS Filing Number: 202450443770 Date: 4/9/2024 4:00:00 PM



## State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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



1. Entity ID Number		2. Exact name of the Limited Liability Company			
001741527	76 Summit, LLC	76 Summit, LLC			
3. NAICS Code		Brief description of the character of business conducted in Rhode Island			
531110	To maintain and owr	To maintain and own real estate			
5. State of Formation					
RI .		•			
6. Principal Office Address		City	State	Zip	
1170 East Main Road, Unit 1		Portsmouth	RI	02871	
7. Mailing Address of Limite	ed Liability Company and Name or	Title of Contact Person			
Contact Name Marek Chilomer		Contact Title  Member			
Street Address 60 Riverside Avenue		City Portsmouth	State RI	<sup>Zip</sup> 02871	
8. The Resident Agent infor	mation currently of record with the	RI Department of State is accur	ate. Changes requir	e filing Form 642.	
	y, I declare and affirm that I hav tatements contained herein are		ng any accompany	ring schedules and	
Name of Authorized Person			Date	/	
Marek Chilomer			3/2	5124	
Signature of Authorized Per	son,	-	• 1	,	

MAIL TO:

**Division of Business Services** 

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

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