



State of Rhode Island  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Limited Liability Company  
Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - **ENTER THE CURRENT YEAR 2024**: 2024

1. ID No. 001076605

2. Exact Name of the Limited Liability Company APARTMENT MANAGEMENT CONSULTANTS, L.L.C.

3. State of Formation

State: UT

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531310

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

MGMT SVCS FOR APT COMMUNITIES

5. Principal Office Address

No. and Street: 1954 FORT UNION BLVD, SUITE 500

City or Town: COTTONWOOD HEIGHTS

State: UT Zip: 84121 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 1954 E. FORT UNION BOULEVARD, SUITE 500

City or Town: COTTONWOOD HEIGHTS

State: UT Zip: 84121 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

**8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 10 Day of April, 2024 at 4:21:48 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By LESLIE STORM  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2024 State of Rhode Island  
All Rights Reserved