



**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.** 001670857

**2. Exact Name of the Limited Liability Company** Summit Smithfield, LLC

**3. State of Formation**

State: DE

**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.

923110

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

SKILLED NURSING FACILITY

**5. Principal Office Address**

No. and Street: 23382 MILL CREEK DRIVE, SUITE 125

City or Town: LAGUNA HILLS

State: CA Zip: 92653 Country: USA

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

Contact Name: Contact Title:

No. and Street: 23382 MILL CREEK DRIVE

SUITE 125

City or Town: LAGUNA HILLS

State: CA Zip: 92653 Country: USA

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

UNITED AGENT GROUP INC. 10 DORRANCE STREET #700 PROVIDENCE , RI 02903

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

**Signed this 22 Day of April, 2024 at 1:39:58 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 SHARYN GRANT, CFO OF MANAGER

Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2024 State of Rhode Island  
All Rights Reserved