



WASHINGTON
Secretary of State
Corporations & Charities Division

Filed
Secretary of State
State of Washington
Date Filed: 03/02/2023
Effective Date: 03/02/2023
UBI #: 604 743 413

EXPRESS ANNUAL REPORT WITHOUT CHANGES

BUSINESS INFORMATION

Business Name:

ARISE AT ARLINGTON, LLC

UBI Number:

604 743 413

Business Type:

WA LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

6409 158TH ST SE, SNOHOMISH, WA, 98296-4637, UNITED STATES

Principal Office Mailing Address:

6409 158TH ST SE, SNOHOMISH, WA, 98296-4637, UNITED STATES

Expiration Date:

04/30/2024

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

04/12/2021

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

REAL ESTATE

REGISTERED AGENT [RCW 23.95.410](#)

Registered Agent Name	Street Address	Mailing Address
RYAN DINIUS	6409 158TH ST SE, SNOHOMISH, WA, 98296-4637, UNITED STATES	6409 158TH ST SE, SNOHOMISH, WA, 98296-4637, UNITED STATES

GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		RYAN	DINIUS

CONTROLLING INTEREST

1. Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements?

- **No**

2. In the **past 12 months**, has there been a transfer of at least 16-2/3 percent of the ownership, stock, or other financial interest in the entity?

- **No**

a. If "Yes", in the **past 36 months**, has there been a transfer of controlling interest (50 percent or greater) of the ownership, stock, or other financial interest in the entity?

- **No**

3. If you answered "Yes" to question 2a, has a controlling interest transfer return been filed with the Department of Revenue?

- **No**

You **must** submit a Controlling Interest Transfer Return form if you answered "yes" to questions 1 **and** 2a.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of [RCW 82.45.220](#).

For more information on **Controlling Interest**, visit www.dor.wa.gov/REET.

CONFIRMATION EMAIL ADDRESS

Note: Please enter in the email address you would like confirmation sent of this annual report and payment receipt.

Email Address:

INFO@ARISECAP.NET

AUTHORIZED PERSON

Person Type:

INDIVIDUAL

First Name:

RYAN

Last Name:

DINIUS

Title:

OWNER

☒ This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.