

Filed Secretary of State State of Washington Date Filed: 05/24/2024 Effective Date: 05/24/2024

UBI #: 604 277 928

## **Annual Report**

## **BUSINESS INFORMATION**

**Business Name:** 

AFFINITY AT ARLINGTON, LLC

UBI Number: **604 277 928** 

Business Type:

WA LIMITED LIABILITY COMPANY

Business Status: **ACTIVE** 

Principal Office Street Address:

120 W CATALDO AVE, SPOKANE, WA, 99201-3211, UNITED STATES

Principal Office Mailing Address:

120 W CATALDO AVE, SPOKANE, WA, 99201-3211, UNITED STATES

Expiration Date: **06/30/2025** 

. . . . .

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

06/04/2018

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

REAL ESTATE

REGISTERED AGENT RCW 23.95.410

Registered Agent Name Street Address Mailing Address

SCOTT MORRIS

120 W CATALDO AVE STE 100, SPOKANE, WA, 99201120 W CATALDO AVE STE 100, SPOKANE, WA, 992012211, JP MTERS

3211, UNITED STATES 3211, UNITED STATES

PRINCIPAL OFFICE

Phone:

Email:

SUEH@INLANDCONSTRUCTION.COM

Street Address:

120 W CATALDO AVE, SPOKANE, WA, 99201-3211, USA

Mailing Address:

120 W CATALDO AVE, SPOKANE, WA, 99201-3211, USA

RNC	DRS
	RNC

GOVERNORS				
Title	Туре	Entity Name	First Name	Last Name
GOVERNOR	ENTITY	AFFINITY ARLINGTON MANAGER, LLC		
NATURE OF BU	SINESS			
• REAL ES	ГАТЕ			
EFFECTIVE DAT	·F			
Effective Date:				
05/24/2024				
CONTROLLING	INTEREST			
1. Does this entity	own (hold title)	real property in Washington, such as land or buildings, includi	ing leasehold improvement	s?
	nonths, has there	been a transfer of at least 16-2/3 percent of the ownership, sto	ock, or other financial inter	est in the entity?
- No				
a. If "Yes", in financial interest in	_	<b>hs</b> , has there been a transfer of controlling interest (50 percen	t or greater) of the ownersh	nip, stock, or other
- No			1. 5	
3. If you answered - No	I "Yes" to questic	n 2a, has a controlling interest transfer return been filed with t	the Department of Revenue	÷?
You <b>must</b> submit a	Controlling Inte	rest Transfer Return form if you answered "yes" to questions	1 <b>and</b> 2a.	
Failure to report a	Controlling Inter	est Transfer is subject to penalty provisions of RCW 82.45.22	<u>0.</u>	
For more informat	ion on <b>Controlli</b>	ng Interest, visit www.dor.wa.gov/REET.		
RETURN ADDRE	ESS FOR THIS	FILING		
Attention:				
Email:				
Address:				
UPLOAD ADDIT	ONAL DOCUM	ENTS		
Do you have addit	onal documents	to upload? - No		
EMAIL OPT-IN				
By checking the I will no longer rec		opt into receiving all notifications from the Secretary of State cations.	for this entity via email on	ly. I acknowledge that
AUTHORIZED P	ERSON			
I am an autho	rized person.			
Person Type: INDIVIDUAL				

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First Name:

Work Order #: 2024052400358656 - 1 Received Date: 05/24/2024 Amount Received: \$350.00

## SUE

Last Name:

## HARTMAN

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

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Work Order #: 2024052400358656 - 1 Received Date: 05/24/2024 Amount Received: \$350.00