

Filed
Secretary of State
State of Washington
Date Filed: 11/02/2022
Effective Date: 11/02/2022
UBI #: 603 251 359

Annual Report

BUSINESS INFORMATION

Business Name:

AVALON ALDERWOOD PHASE I, LLC

UBI Number: **603 251 359**

Business Type:

FOREIGN LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

4040 WILSON BLVD, SUITE 1000, ARLINGTON, VA, 22203-4439, UNITED STATES

Principal Office Mailing Address:

4040 WILSON BLVD, SUITE 1000, ARLINGTON, VA, 22203-4439

Expiration Date:

11/30/2023

Jurisdiction:

UNITED STATES, DELAWARE

Formation/Registration Date:

11/05/2012

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

REAL ESTATE

REGISTERED AGENT RCW 23.95.410

Registered Agent
Name
Street Address
Mailing Address

C T CORPORATION 711 CAPITOL WAY S STE 204, OLYMPIA, 711 CAPITOL WAY S STE 204, OLYMPIA, WA, 98501-1267, UNITED STATES WA, 98501-1267, UNITED STATES

PRINCIPAL OFFICE

Phone:

7033296300

Email:

Work Order #: 2022110200678420 - 1 Received Date: 11/02/2022

Amount Received: \$60.00

LORA ROSS@AVALONBAY.COM

Street Address:

4040 WILSON BLVD, SUITE 1000, ARLINGTON, VA, 22203-4439, USA

Mailing Address:

4040 WILSON BLVD, SUITE 1000, ARLINGTON, VA, 22203-4439, USA

GOVERNORS

Title Type Entity Name First Name Last Name

GOVERNOR ENTITY AVALONBAY COMMUNITIES, INC.

NATURE OF BUSINESS

REAL ESTATE

EFFECTIVE DATE

Effective Date:

11/02/2022

CONTROLLING INTEREST

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

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.

RETURN ADDRESS FOR THIS FILING

Attention:

LORA ROSS

Email:

LORA_ROSS@AVALONBAY.COM

Address

4040 WILSON BLVD, SUITE 1000, ARLINGTON, VA, 22203-4439, USA

UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? No

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EMAIL OPT-IN ☐ By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications. AUTHORIZED PERSON ☐ I am an authorized person. Person Type: ENTITY First Name: EDWARD Last Name: SCHULMAN Entity Name: AVALONBAY COMMUNITIES, INC. Title:

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

EVP, GC & SECRETARY

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