

## Annual Report

### BUSINESS INFORMATION

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Business Name:

**THE STINSON ASSOCIATES LLC**

UBI Number:

**604 106 197**

Business Type:

**WA LIMITED LIABILITY COMPANY**

Business Status:

**ACTIVE**

Principal Office Street Address:

**303 TWIN DOLPHIN DR, STE 600, REDWOOD CITY, CA, 94065-1422, UNITED STATES**

Principal Office Mailing Address:

**303 TWIN DOLPHIN DR, STE 600, REDWOOD CITY, CA, 94065-1422**

Expiration Date:

**03/31/2022**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**03/29/2017**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**REAL ESTATE**

### REGISTERED AGENT [RCW 23.95.410](#)

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Registered Agent Name	Street Address	Mailing Address
KTC SERVICE CORPORATION	701 5TH AVE, SUITE 3300, SEATTLE, WA, 98104-7055, UNITED STATES	701 5TH AVE, SUITE 3300, SEATTLE, WA, 98104-7055, UNITED STATES

### PRINCIPAL OFFICE

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Phone:

**6518610086**

Email:

**CORPCOMPLIANCE@KARRTUTTLE.COM**

Street Address:

**303 TWIN DOLPHIN DR, STE 600, REDWOOD CITY, CA, 94065-1422, USA**

Mailing Address:

**303 TWIN DOLPHIN DR, STE 600, REDWOOD CITY, CA, 94065-1422, USA**

## GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	ENTITY	FRESHWATER STINSON PARTNERS LLC		

## NATURE OF BUSINESS

REAL ESTATE

## EFFECTIVE DATE

Effective Date:

**05/12/2021**

## CONTROLLING INTEREST

1. Does your entity own real property such as land or buildings (including leasehold interests) in Washington?

**YES**

2. As of January 1, 2019, has there been a transfer of stock, other financial interest change, or an option agreement exercised that resulted in a transfer of at least 16% percent interest in the entity?

**NO**

a. If "yes", has the transfer of stock, other financial interest change, or an option agreement exercised resulted in a transfer of controlling interest (50 percent or greater)?

**NO**

3. As of January 1, 2019, has an option agreement been executed allowing for the future purchase or acquisition of the entity?

**NO**

You must report a [Controlling Interest Transfer Return](#) 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](http://www.dor.wa.gov/REET).

## RETURN ADDRESS FOR THIS FILING

Attention:

Email:

Address:

## UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? **No**

## 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

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☒ I am an authorized person.

Person Type:

**ENTITY**

First Name:

**MARTI**

Last Name:

**MUNHALL**

Entity Name:

**KTC SERVICE CORPORATION**

Title:

**AUTHORIZED SIGNATORY**

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