

EXPRESS ANNUAL REPORT WITHOUT CHANGES

BUSINESS INFORMATION

Business Name:

EDMONDS GATEWAY APARTMENTS, LLC

UBI Number:

603 298 816

Business Type:

WA LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

601 UNION ST STE 4747, SEATTLE, WA, 98101-2340, UNITED STATES

Principal Office Mailing Address:

601 UNION ST STE 4747, SEATTLE, WA, 98101-2340, UNITED STATES

Expiration Date:

05/31/2020

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

05/02/2013

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

REAL PROPERTY INVESTMENT

REGISTERED AGENT [RCW 23.95.410](#)

Registered Agent Name **Street Address**

WASHINGTON TRUST BANK
601 UNION ST STE 4747, SEATTLE, WA,
98101-0000, UNITED STATES

Mailing Address

601 UNION ST STE 4747, SEATTLE, WA,
98101-0000, UNITED STATES

GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL			WASHINGTON TRUST BANK

CONTROLLING INTEREST

1. Does your company own real property (including leasehold interests) in Washington?

YES

2. Has there been a transfer of stock, other financial interest change, or an option agreement exercised during the last 12 months that resulted in a transfer of controlling interest?

NO

3. Has an option agreement been executed in the last 12 months allowing for the future purchase or acquisition of the entity, that, if exercised would result in a transfer of controlling interest?

NO

You must contact the Washington State Department of Revenue to report a Controlling Interest Transfer **IF**:

* This company owns land, buildings or other real estate in Washington State,

AND

* Answered "YES" to questions 2 or 3 above.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220.

For more information on **Controlling Interest**, please call the Department of Revenue at (360) 534-1503, option 1, or 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:

KMAAS@WATRUST.COM

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

Person Type:

ENTITY

First Name:

AMANDA

Last Name:

WITTMANN

Entity Name:

WASHINGTON TRUST BANK

Title:

TRUST OFFICER

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