



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

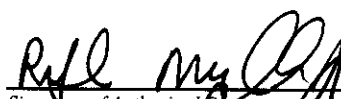
Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 138590		2. Exact name of the limited liability company ATWOOD GRILL GROUP, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ENGAGE IN ANY BUSINESS PERMITTED LIMITED LIABILITY COMPANIES UNDER THE ACT.	
5. Principal office address 2086 MINERAL SPRING AVENUE		City NORTH PROVIDENCE	State RI
			Zip 02911
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name RALPH MANGIARELLI, JR.		Contact Title	
Street Address 2086 MINERAL SPRING AVENUE		City NORTH PROVIDENCE	State RI
			Zip 02911
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name NONE		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ANTHONY W. COFONE, ESQ.		Address	
Address 1140 RESERVOIR AVENUE, SUITE 8		City CRANSTON	Zip 02920

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

 9-21-07
Signature of Authorized Person Date
RALPH MANGIARELLI, JR.
Print or Type Name of Authorized Person

FILED	
File Date	OCT 01 2007
Check No.	
By	156 none
FOR SECRETARY OF STATE USE ONLY	