



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 2009

**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.<br>115068   |              | 2. Exact name of the limited liability company<br>ATWOOD DEVELOPMENT, L.L.C.  |              |
| 3. State of Formation<br>RHODE ISLAND   |              | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>THE OWNERSHIP AND LEASING OF REAL ESTATE |              |
| 5. Principal office address<br>34 OAKDALE AVENUE  |              | City<br>JOHNSTON  | State<br>RI  |
|   |              | Zip<br>02919  |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |              |   |              |
| Contact Name<br>G. ALFRED CALCAGNI, JR.   |              | Contact Title   |              |
| Street Address<br>34 OAKDALE AVENUE   |              | City<br>JOHNSTON  | State<br>RI  |
|   |              | Zip<br>02919  |              |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |   |              |
| Manager Name  |              | Manager Name  |              |
| Street Address  |              | Street Address  |              |
| City  | State        | Zip   | City         |
| State   | State        | Zip   | State        |
| Manager Name  | Manager Name |   |              |
| Street Address  |              | Street Address  |              |
| City  | State        | Zip   | City         |
| State   | State        | Zip   | State        |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11  |              |   |              |
| Agent Name<br>IGLIOZZI & REIS, LLP  |              | Address   |              |
| Address<br>926 PARK AVENUE  |              | City<br>CRANSTON  | Zip<br>02910 |

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

115068

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>FILED</b>       |
| Check No.                       | <b>OCT 27 2009</b> |
| By:                             | <b>By: 62224</b>   |
| FOR SECRETARY OF STATE USE ONLY |                    |

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.

Signature of Authorized Person Date 10/20/09

G. ALFRED CALCAGNI, JR.

Print or Type Name of Authorized Person