



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

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

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

**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. 520101		2. Exact name of the limited liability company ATLANTEK PROPERTY MANAGEMENT, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL PROPERTY OWNERSHIP AND MANAGEMENT			
5. Principal office address 3 ATLANTIC AVENUE			City NARRAGANSETT	State RI	Zip 02882
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name HAROLD D. SCHOFIELD			Contact Title MEMBER		
Street Address 3 ATLANTIC AVENUE			City NARRAGANSETT	State RI	Zip 02882
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> 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	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	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 DENNIS R. GANNON			Address 1140 RESERVOIR AVENUE, SUITE 3A		
Address			City CRANSTON	Zip 02920	

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

FILED

520101

AUG 21 2013

BY HS

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.

Harold D. Schofield 8/14/13  
Signature of Authorized Person Date

HAROLD D. SCHOFIELD

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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