



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

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

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>153335</b>		2. Exact name of the limited liability company <b>Atwood Medical Properties, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Current activity is ownership of real property in Johnston, RI</b>			
5. Principal office address <b>100 MLK Jr. Blvd, f/k/a 100 Central St. PO Box 646</b>		City <b>Worcester</b>		State <b>MA</b>	Zip <b>01613-0646</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND DATE OF FILING OF CONTACT PERSON					
Contact Name <b>Philip Shwachman</b>		Contact Title <b>President of Manager</b>			
Street Address <b>100 MLK Jr. Blvd, f/k/a 100 Central St. PO Box 646</b>		City <b>Worcester</b>		State <b>MA</b>	Zip <b>01613</b>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY IF APPLICABLE - DO NOT LIST MEMBERS (BY BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>First American Realty, Inc.</b>		Manager Name			
Street Address <b>100 MLK Jr. Blvd, f/k/a 100 Central St. PO Box 646</b>		Street Address			
City <b>Worcester</b>	State <b>MA</b>	Zip <b>01613-0646</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 09 2013

File Date	BY <b>3837</b>
Check No.	
BY	
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

**Philip Shwachman**

Print or Type Name of Authorized Person

Date