



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.

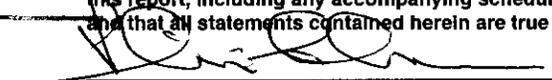
1. Entity ID No. 153335		2. Exact name of the limited liability company Atwood Medical Properties, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Current activity is ownership of real property in Johnston, RI			
5. Principal office address 100 MLK Jr. Blvd, f/k/a 100 Central St. PO Box 646		City Worcester	State MA	Zip 01613-0646	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND DATE OF FILING OF CONTACT PERSON					
Contact Name Philip Shwachman		Contact Title President of Manager			
Street Address 100 MLK Jr. Blvd, f/k/a 100 Central St. PO Box 646		City Worcester	State MA	Zip 01613	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY IF APPLICABLE. DO NOT LIST MEMBERS (BY BOX FOR ATTACHMENT)					
Manager Name First American Realty, Inc.		Manager Name			
Street Address 100 MLK Jr. Blvd, f/k/a 100 Central St. PO Box 646		Street Address			
City Worcester	State MA	Zip 01613-0646	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 **3837**
 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.

 **10/7/13**
 Signature of Authorized Person Date

Philip Shwachman
 Print or Type Name of Authorized Person