



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 2014

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*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. 756123		2. Exact name of the limited liability company Atwill-Conroy Dental Associates, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island engage in the practice of dentistry			
5. Principal office address 1 Thurber Boulevard			City Smithfield	State RI	Zip 02917
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY (ADD ONLY IF DIFFERENT FROM PRINCIPAL OFFICE)					
Contact Name Kristofer Haggarty			Contact Title Member		
Street Address 1 Thurber Boulevard			City Smithfield	State RI	Zip 02917
7. NAME AND ADDRESS OF EACH MANAGER OR MEMBER OF THE LIMITED LIABILITY COMPANY (IF APPLICABLE - DO NOT LIST MEMBERS WHO ARE NOT MANAGING OR CONTROLLING THE COMPANY)					
Manager Name Bakhoun Girgis			Manager Name Kristofer Haggarty		
Street Address 1 Thurber Blvd,			Street Address 1 Thurber Blvd.		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Manager Name William R. Conroy Jr.			Manager Name		
Street Address 1 Thurber Blvd.			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
RESIDENT AGENY IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11 Orson and Brusini Ltd.					

FILED

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

SEP 17 2014

BY 15071

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.

Kristofer Haggarty 8/26/14
Signature of Authorized Person Date

Kristofer Haggarty, Member

Print or Type Name of Authorized Person

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY