

## 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 2014

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.		2. Exact name of the limited liability company				
803184	275 Atwood LLC					
3. State of Formation  Rhode Island	Brief description of the character of business conducted in Rhode Island     Development of Real Estate					
5. Principal office address 1414 Atwood Avenue			City <b>Johnston</b>	State RI	Zip <b>02919</b>	
6. MAILING ADDRESS OF LIN	IITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Alfred Carpionato			Contact Title  Member	==:::::::::::::::::::::::::::::::::::::		
Street Address 1414 Atwood Avenue				State <b>RI</b>	Zip <b>02919</b>	
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME		RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
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 RHO						
This information is currently	of record in the	Office of the Seci	retary of State. Changes requir	e filing Form 642.		

FILED

NOV 03 2014

perjury, I declate and affirm that I have examined ding any accompanying schedules and statements File Date\_ ained herein are true and correct. Check No By: Alfred Carpionato FOR SECRETARY OF STATE USE ONLY Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012