



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 **2015**

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>138590</b>		2. Exact name of the limited liability company <b>ATWOOD GRILL GROUP, LLC</b>	
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>To engage in any business permitted LLC's under the Act</b>	
5. Principal office address <b>23 RIMWOOD DRIVE</b>		City <b>SMITHFIELD</b>	State <b>RI</b> Zip <b>02917</b>
Contact Name <b>RALPH MANGIARELLI, JR</b>		Contact Title <b>MEMBER</b>	
Street Address <b>23 RIMWOOD DRIVE</b>		City <b>SMITHFIELD</b>	State <b>RI</b> Zip <b>02917</b>
7. Have you changed the names and addresses of the limited liability company in any way since the last filing? <input type="checkbox"/>			
Manager Name <b>NONE</b>		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

**FILED**

SEP 21 2015

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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.

Ralph Mangiarelli, Jr. 9-15-15  
Signature of Authorized Person Date

**RALPH MANGIARELLI, JR.**

Print or Type Name of Authorized Person