	State of Rhode Island and Prov Office of the Secretary		IS Fee: \$50.0
	Division Of Business S 148 W. River Stre		
HOPE	Providence RI 02904 (401) 222-3040		
Limited Liability Cor Annual Report Filing Period: September			
n accordance with R.I.G.	L. 7-16-66(d), each limited liability compa hin thirty (30) days after the time prescrib		
ANNUAL REPORT YEAF	R: <u>2017</u>		
1. ID No. <u>0009507</u>	<u>03</u>		
2. Exact Name of the L	imited Liability Company $471 \mathrm{ATW}$	OOD AVENUE, LLO	<u>C</u>
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III	isiness conducted by t	he entity. Download
Enter the six digit NAICS	ARTICLE III Code that best describes the primary but on <u>NAICS</u> can be found on	-	he entity. Download
Enter the six digit NAICS the list of codes <u>here.</u> Mo <u>531110</u>	Code that best describes the primary bu	nline.	- -
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

TODD E. MCNAMARA, ESQ. 1177 GREENWICH AVENUE WARWICK , RI 02886

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

Signed this 24 Day of October, 2017 at 10:16:10 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>LEONARD CURRERI</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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