State of Rhode Island
and Providence Plantations
Office of the Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

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.	2. Exact name of the limited liability company
786298	Atwood Street Associates, LLC (531120)

3. State of formation	4. Brief description of the character of the business which is actively conducted in Rhode Island
Rhode Island	Real estate investment

5. Principal office address	City	State	Zip
28 Atwood St.	Providence	RI	02909

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
William G. Dawless	Manager

Street Address	City	State	Zip
32 Squirrels Run	West Greenwich	RI	02817

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS (☐ BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
William G. Dawless	Steven Golotto
Street Address	Street Address
32 Squirrels Run	11 Tomahawk Trail
City / State / Zip	City / State / Zip
West Greenwich / RI / 02817	Smithfield / RI / 02917
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-31

Agent Name	Address
Address	City / Zip

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

FILED

JUN 13 2018

BY 1128

[redacted] [redacted]

Under penalty of perjury, I declare I examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

William G. Dawless 6/13/18
Signature of Authorized Person *Date*

[redacted] William G. Dawless
Print or Type Name of Authorized Person

File Date	
Check No.	
By:	

FOR SECRETARY OF STATE USE ONLY

144259-36-1165210

Form 632 Rev. 07/07