



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2019 JUN 27 PM 1:14

Annual Report for the year: 2018
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 001675075		2. Exact name of the Limited Liability Company 47 Atlantic, LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island leasing of real estate			
5. State of Formation Rhode Island					
6. Principal Office Address 29 Drowne Parkway		City East Providence	State RI	Zip 02914	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Timothy J. Chapman, Esq.			Contact Title Registered Agent		
Street Address 670 Willett Avenue		City Riverside	State RI	Zip 02915	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Buckley Cooney		Manager Name			
Street Address 29 Drowne Parkway		Street Address			
City East Providence	State RI	Zip 02914	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person Buckley Cooney				Date 6/27/19	
Signature of Authorized Person 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 JUN 27 2019 1:14
 BY an AXPEN