RI SOS Filing Number: 201918779600 Date: 9/9/2019 4:00:00 PM

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

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**Annual Report for the year:** 2019
**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 | 2. Exact name of the Limited Liability Company |
|---|---|
| **520101** | **ATLANTEK PROPERTY MANAGEMENT, L.L.C.** |
| 3. NAICS Code **53110** nc | 4. Brief description of the character of business conducted in Rhode Island |
| 5. State of Formation **RI** | **REAL PROPERTY OWNERSHIP AND MANAGEMENT** |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| **3 ATLANTIC AVENUE** | **NARRAGANSETT** | **RI** | **02882** |

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

| Contact Name | Contact Title | | |
|---|---|---|---|
| **HAROLD D. SCHOFIELD** | **Manager** | | |
| Street Address **3 ATLANTIC AVENUE** | City **NARRAGANSETT** | State **RI** | Zip **02882** |

8. List **ALL** managers (names and addresses) 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 |

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

***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.***

| Name of Authorized Person | Date |
|---|---|
| **HAROLD D. SCHOFIELD** | **September 1, 2019** |
| Signature of Authorized Person SIGN DOCUMENT MANAGER | |

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