



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

FILED
 SEP 09 2019
 1045
STAMP
 STATE OF RHODE ISLAND
 DEPARTMENT OF STATE

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 520101		2. Exact name of the Limited Liability Company ATLANTEK PROPERTY MANAGEMENT, L.L.C.					
3. NAICS Code 53110		4. Brief description of the character of business conducted in Rhode Island REAL PROPERTY OWNERSHIP AND MANAGEMENT					
5. State of Formation RI							
6. Principal Office Address 3 ATLANTIC AVENUE				City NARRAGANSETT		State RI	Zip 02882
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name HAROLD D. SCHOFIELD				Contact Title 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 <input type="checkbox"/>							
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Charges 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 HAROLD D. SCHOFIELD					Date September 1, 2019		
Signature of Authorized Person <i>Harold Schofield</i> 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