



RI SOS Filing Number: 201927511730 Date: 11/14/2019 4:00:00 PM

State of Rhode Island
and Providence Plantations
Department of State – Business Services Division148 W. River Street
Providence, RI 02904-2615
401.222.3040**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2019****Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*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. 756123		2. Exact name of the limited liability company Atwill-Conroy Dental Associates, LLC		3. NAICS Code 621210	
4. Brief description of the character of the business which is actually conducted in Rhode Island engage in the practice of dentistry				5. State of formation Rhode Island	
6. Principal office address 1 Thurber Boulevard		City Smithfield		State RI	Zip 02917
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Kristofer Haggarty		Contact Title Member			
Street Address 1 Thurber Boulevard		City Smithfield		State RI	Zip 02917
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name William R. Conroy, Jr.		Manager Name Kristofer Haggarty			
Street Address 1 Thurber Boulevard		Street Address 1 Thurber Boulevard			
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Manager Name Bakhoun M. Girgis		Manager Name			
Street Address 1 Thurber Boulevard		Street Address			
City Smithfield	State RI	Zip 02917	City	State	Zip
9. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11 Orson and Brusini Ltd.					

FILED**NOV 14 2019**

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

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.

Signature of Authorized Person**11/4/19**
Date**Kristofer Haggarty, Member**

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY