




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.

2019 DEC -2 PM 12: 53


1. Entity ID Number <b>001670461</b>		2. Exact name of the Limited Liability Company <b>Atwood Superwash, LLC</b>			
3. NAICS Code <b>812310</b>		4. Brief description of the character of business conducted in Rhode Island <b>Coin operated laundry</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>10 Kings Forest Ln</b>			City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Nilesh Patel</b>			Contact Title <b>Manager</b>		
Street Address <b>10 Forest Ln</b>			City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
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. 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 <b>Nilesh Patel</b>				Date <b>11/27/19</b>	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

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

FILED

DEC 02 2019

BY:   
A.A.