	State of Rhode I Office of the Secreta		Fee: \$50.00
	Division Of Business		
	148 W. River St		
	Providence RI 0290 (401) 222-304		
HOPE	(401) 222 30-		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time prescr penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>001669884</u>			
2. Exact Name of the Limited Liability Company <u>ATM Properties, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
<u>531110</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in	n Rhode Island
REAL ESTATE			
5. Principal Office Addre	SS		
No. and Street: 997	TABER AVENUE		
	<u>OVIDENCE</u> State: <u>F</u>	<u>L</u> Zip: <u>02906</u> Co	ountry: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact Pers	on:
Contact Name: TRAVIS MILLER Contact Title:			
No. and Street: <u>99</u>	TABER AVE	00000	
City or Town: <u>PR</u>	OVIDENCE State: <u>RI</u>	Zip: <u>02906</u> Cou	untry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	6
	First, Middle, Last, Suffix	Address, City or Town, State	, Zip Code, Country
8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

TRAVIS MILLER 99 TABER AVENUE PROVIDENCE, RI 02906

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

Signed this 29 Day of September, 2020 at 11:30:40 AM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By TRAVIS MILLER

Signature of Authorized Person

Form No. 632 Revised 09/07

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