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State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2020 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.

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| 1. Entity ID Number 788869                           | l l              | Exact name of the Limited Liability Company     Atwells Avenue, LLC  |   |                                       |                        |  |  |
|--|------------------|--|---|---------------------------------------|------------------------|--|--|
| 3. NAICS Code<br>531390                              | 4. Brief de:     | 4. Brief description of the character of business conducted in Rhode Island TO OWN, ACQUIRE, MANAGE, RENT AND SELL REAL ESTATE AND ALL MATTERS RELATED |   |                                       |                        |  |  |
| 5. State of Formation Rhode Island                   |                  | THERETO  |   |                                       |                        |  |  |
| 6. Principal Office Address 141 Power Road           |                  |  | City Pawtucket                                      | State<br>RI                           | Zip<br>02860           |  |  |
| 7. Mailing Address of Limite                         |                  | any and Name o   |   |                                       |                        |  |  |
| Contact Name Ernest J. Carlucci                      |                  |  | Contact Title Member                                | Contact Title Member                  |                        |  |  |
| Street Address 10 Sorrell Road                       |                  |  | City North Providence                               | State RI                              | <sup>Zip</sup> 02904   |  |  |
| 8, List ALL managers (nam                            | es and addresse  | s) of the Limited  | Liability Company, IF APPLICABLE                    | E - DO NOT LIST                       | MEMBERS                |  |  |
| Manager Name   |                  |  | Manager Name  | · · · · · · · · · · · · · · · · · · · |                        |  |  |
| Street Address                                       |                  |  | Street Address                                      | Street Address                        |                        |  |  |
| City   | State            | Zip  | City  | State                                 | Zip                    |  |  |
| Manager Name   |                  | , 1  | Manager Name  | <u>-</u>                              | L                      |  |  |
| Street Address                                       |                  |  | Street Address                                      | Street Address                        |                        |  |  |
| City   | State            | Zip  | City  | State                                 | Zip                    |  |  |
|  | <u> </u>         | <u> </u>   |   | Check the box to                      | indicate an attachment |  |  |
| 9. The Resident Agent infor                          | mation currently | of record with th  | ne RI Department of State is accura                 | te. Changes requi                     | re filing Form 642.    |  |  |
| Under penalty of perjury, statements, and that all s |                  |  | examined this report, including a true and correct. | any accompanyir                       | ng schedules and       |  |  |
| Name of Authorized Person                            |                  |  |   | Date                                  |                        |  |  |
| ERNEST J. CARLUCCI                                   |                  |  | 10/1/2020   |                                       |                        |  |  |
| Signature of Authorized Pe                           | rson ant         | J. larlu   | Cu`   |                                       |                        |  |  |

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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