



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

148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2020

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 falling 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. 000927132		2. Exact name of the limited liability company Atwill-Conroy Smithfield, LLC			3. NAICS Code 621210	
4. Brief description of the character of the business which is actually conducted in Rhode Island practice of denistry					5. State of Formation Rhode Island	
6. Principal office address 1 Thurber Blvd.			City Smithfield	State RI	Zip 02917	
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:						
Contact Name William R. Conroy, Jr.			Contact Title Manager			
Street Address 1 Thurber Blvd.			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 Blvd.			Street Address 1 Thurber Blvd.			
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917	
Manager Name Bakhom M. Girgis			Manager Name			
Street Address 1 Thurber Blvd.			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

OCT 15 2020

BY CUCKETH 3093

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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV.
 2020 OCT 15 P 5

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.

WR Conroy 10/2/20
Signature of Authorized Person Date

William R. Conroy, Jr., Manager

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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