

OCT 28 2020

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.

Entity ID Number	2. Exact name of the Limited Liability Company					
000803184	275 Atwood LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531110	Development of Real Estate					
5. State of Formation	7					
Rhode Island						
6. Principal Office Address			City	State	Zip	
1414 Atwood Avenue			Johnston	RI	02919	
7. Mailing Address of Limited Li	ability Compa	any and Name or	Title of Contact Person		*	
Contact Name Kelly Coates			Contact Title Authorized	Contact Title Authorized Trustee		
Street Address 1414 Atwood Avenue			City Johnston	State R1	<sup>Zip</sup> 02919	
8. List ALL managers (names a	and addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST I	WEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	7ıp	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
<del>~~</del>	_ <del></del>		<del> l</del>	Check the box to i	ndicate an attachment	
9. The Resident Agent informat	ion currently	of record with the	e RI Department of State is acc	curate. Changes require	e filing Form 642.	
Under penalty of perjury, I de statements, and that all state	clare and aff ments conta	firm that I have ( ined herein are	examined this report, include true and correct.	ing any accompanyin	g schedules and	
Name of Authorized Person			Date	7 (1 4 -		
Kelly Coates			/6	0-13-2020		
Signature of Authorized Person						
- July My						

## MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov