



**State of Rhode Island  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Limited Liability Company  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2020

**1. ID No.** 000585704

**2. Exact Name of the Limited Liability Company** ATWILL-CONROY PROVIDENCE, LLC.

**3. State of Formation**

State: RI

**ARTICLE III**

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.

621210

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

TO ENGAGE IN THE PRACTICE OF DENTISTRY

**5. Principal Office Address**

No. and Street: 1196 SMITH STREET  
City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:  
No. and Street: 1196 SMITH STREET  
City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**

**DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	KRISTOFER HAGGERTY	1196 SMITH STREET PROVIDENCE, RI 02908 USA
MANAGER	BAKHOUM M GIRGIS	1196 SMITH STREET PROVIDENCE, RI 02908 US

MANAGER	THOMAS J HERNON	1196 SMITH STREET PROVIDENCE, RI 02908 US
MANAGER	WILLIAM R CONROY JR.	1196 SMITH STREET PROVIDENCE, RI 02908 US

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

ORSON AND BRUSINI LTD. 144 WAYLAND AVENUE PROVIDENCE , RI 02906

**Signed this 10 Day of March, 2021 at 3:47:32 PM 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 KRISTOFER HAGGERTY, MANAGER  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

March 10, 2021 03:46 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

