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State of Rhode Island
Department of State - Business Services Division

FILED
SEP 09 2021
BY SLG

Annual Report for the year: 2021
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

1. Entity ID Number	2. Exact name of the Limited Liability Company
001702830	1413 ATWOOD LLC
3. NAICS Code	**4. Brief description of the character of business conducted in Rhode Island**
531120	lessors of non residential Building
5. State of Formation	
RI	

6. Principal Office Address	City	State	Zip
3 TEVERE DR	JOHNSTON	RI	02919

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
JERILYN SPAZIANO			
Street Address	**City**	**State**	**Zip**
3 TEVERE DRIVE	JOHNSTON	RI	02919

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name	Manager Name
JE	
Street Address	Street Address
3 TE	
City / State / Zip	City / State / Zip
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

Check the box to indicate an attachment ☐

9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.

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.

Name of Authorized Person	Date
JERILYN SPAZIANO	9-1-2021
Signature of Authorized Person	
JSpaziano	

MAIL TO:
Division of Business Services
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