

RIL DEPT. OF STATE BUS SYCS DIV

2021 NOV -1 AM 10: 19

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 1704911	2. Exect name of the Limited Liability Company 589 Atwells Avenue, LLC					
3. NAICS Code 531390	Brief description of the character of business conducted in Rhode Island Real Estate					
5. State of Formation	1					
Rhode Island						
6. Principal Office Address			City	State	Zip	
589 Atwells Avenue, Unit C33C			Providence	Ri	02909	
7. Melling Address of Limited Li	ability Compa	ny and Name or	Title of Contact Person			
Contact Name George Harb			Contact Title	Contact Title		
Street Address 589 Atwella Ave	nue, Unit C3	3C	City Providence	State RI	Zip 02909	
8. List ALL managers (names a	nd addresses) of the Limited	Liability Company, IF APPLICAR	ILE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Z)p	City	State	Zhp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zīp	City	State	Zip	
				Check the box to	indicate an attachment	
9. Resident Agent in Rhode Isla	nd. This inform	ation is currently o	of record with the Department of Sta	te. Changes require filt	ng Form 642.	
Under penalty of perfury, I des statements, and that all states	clare and affi ments contail	rm that I have e ned herein are:	examined this report, including true and correct.	g any accompanyli	ng schedules and	
Name of Authorized Person				Date		
George Harb				10	-28-21	
Signature of Authorized Person (216) (C)						

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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

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FORM 632 - Revised: 10/2013