RI SOS Filing Number: 202446059590 Date: 2/7/2024 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2 Event name of the Limite	d Liebilib Company			
1. Entity to Northber	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	Real ester				
5. State of Formation					
RI					
6. Principal Office Address	~	City	State	Zip	
3 TEVERE	DRIVE	JOHNSTON	727	02919	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name	Contact Title	Contact Tise			
JERILYN.	Spaziano				
Street Address	_	City	State	Zip	
3 TEVERE	$\mathcal{D}_{\mathcal{R}}$	JOHNSTON	RI	02919	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. 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-	DRAHANO		2-5-2024		
Signature of Authorized Person					
Magiano					
				<u> </u>	

MAIL TO:

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

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