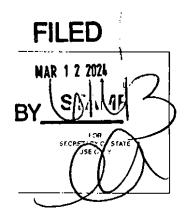


State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2024 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.



Entity ID Number	2. Exact name of the Limited Liability Company			
000199306	876 ATWOOD AVENUE, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531110	MANAGING OF REAL E	ESTATE		
5. State of Formation				
Rhode Island				
6. Principal Office Address	<u> </u>	City	State	Zip
876 Atwood Avenue		Cranston	RI	02920
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person	•	
Contact Name Douglas H. Smith		Contact Title Resident Agent		
Street Address 140 Reservoir Avenue		^{City} Providence	State RI	^{Zip} 02907
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 7/1/	7
DOUGLAS H. SMITH			-73/	< 4
Signature of Authorized Person				

MAIL TO:

Division of Business Services

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

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