



State of Rhode Island
Department of State - Business Services Division

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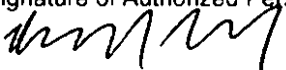
Annual Report for the year: 2024

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.

1. Entity ID Number 000756123		2. Exact name of the Limited Liability Company Atwill-Conroy Dental Associates, LLC	
3. NAICS Code 621210		4. Brief description of the character of business conducted in Rhode Island engage in the practice of dentistry	
5. State of Formation RI			
6. Principal Office Address 481 Old Post Road		City North Attleboro	State MA
		Zip 02760	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Kristofer Haggarty, DMD		Contact Title Manager	
Street Address 481 Old Post Road		City North Attleboro	State MA
		Zip 02760	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person Kristofer Haggarty, DMD		Date 2/24/24	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

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