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 **000585704**	2. Exact name of the Limited Liability Company **Atwill-Conroy Providence, LLC.**		
3. NAICS Code **621210**	4. Brief description of the character of business conducted in Rhode Island **To engage in the practice of dentistry**		
5. State of Formation **RI**			
6. Principal Office Address **1196 Smith Street**	City **Providence**	State **RI**	Zip **02908**
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name **Kristofer Haggarty, DMD**	Contact Title **Manager**		
Street Address **1196 Smith Street**	City **Providence**	State **RI**	Zip **02908**
8. 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 **Kristofer Haggarty, DMD**	Date 2/24/23		
Signature of Authorized Person			

FILED
APR 2 2024
BY 2557
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MAIL TO:
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