



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 07 2025

BY

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 001702830		2. Exact name of the Limited Liability Company 1413 ATWOOD LLC	
3. NAICS Code 531120		4. Brief description of the character of business conducted in Rhode Island Real estate	
5. State of Formation RI			
6. Principal Office Address 3 TEVERE DRIVE		City JOHNSTON	State RI
		Zip 02919	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name JERILYN SPAZIANO		Contact Title	
Street Address 3 TEVERE DR		City JOHNSTON	State RI
		Zip 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 JERILYN SPAZIANO			Date
Signature of Authorized Person 			

MAIL TO:

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