



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>129556</b>		2. Exact name of the limited liability company <b>OAKLEY REALTY, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>OWN AND MANAGE REAL ESTATE</b>			
5. Principal office address <b>212 AMERICA</b>		City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	
Contact Name <b>ANN M. OAKLEY</b>		Contact Title <b>MEMBER</b>			
Street Address <b>212 AMERICA</b>		City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	
Manager Name <b>ANN M. OAKLEY</b>		Manager Name			
Street Address <b>212 AMERICA</b>		Street Address			
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.</b>					

**FILED**

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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.

*Ann M Oakley* 8/28/12  
 Signature of Authorized Person Date

**ANN M OAKLEY**  
 Print or Type Name of Authorized Person