



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. <b>133035</b>		2. Exact name of the limited liability company <b>239/241 Oakland LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Acquiring, developing, leasing, dealing in and holding for invest. real estate property</b>			
5. Principal office address <b>168 Eaton Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	
6. Contact Name <b>Robert T. McCann</b>		Contact Title <b>Member</b>			
Street Address <b>168 Eaton Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	
7. Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11 Orson and Brusini Ltd.					

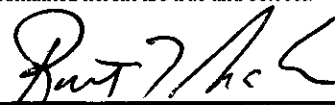
**FILED**

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**SEP 11 2014**

BY 11593

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.

  
Signature of Authorized Person      Date 9/26/14

File Date	_____
Check No.	_____
By	_____

**Robert T. McCann, Member**

Print or Type Name of Authorized Person