

## 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 2014

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>276323</b>		Exact name of the limited liability company     Oyster Works, LLC					
3. State of Formation  Rhode Island	1	Brief description of the character of business conducted in Rhode Island     Provide and design communication and project management services					
5. Principal office address 4202 Old Post Road			City Charlestown	State RI	Zip <b>02813</b>		
6. MAILING ADDRESS OF Contact Name Megan Moynihan	F LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT PI Contact Title	ERSON:			
Street Address 313 Ram Island Road			City Charlestown	State RI	Zip <b>02813</b>		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADI	PRESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name Megan Moynihan			Manager Name				
Street Address 313 Ram Island Roa	ad		Street Address				
City Charlestown	State RI	Zip <b>02813</b>	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN F	HODE ISLAND						
This information is currer	ntly of record in the	Office of the Secret	ary of State. Changes require fi	ling Form 642.			

**FILED** 

OCT 2 1 2014

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File Date	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.
Check No	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Megan Moynihan
	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012