



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 **2013**

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. 793380		2. Exact name of the limited liability company Oracle Homes, LLC			
3. State of Formation Massachusetts		4. Brief description of the character of business conducted in Rhode Island Real estate holdings			
5. Principal office address 1539 Fall River Avenue, Suite 4			City Seekonk	State MA	Zip 02771
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON:					
Contact Name Gary Mello			Contact Title Manager		
Street Address 1539 Fall River Avenue, Suite 4			City Seekonk	State MA	Zip 02771
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST RESIDENTS (* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Gary Mello			Manager Name Jennifer Mello		
Street Address 1539 Fall River Avenue, Suite 4			Street Address 1539 Fall River Avenue, Suite 4		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Manager Name None			Manager Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2015 MAR - 9 PM 12: 36

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MAR 09 2015

By A.A. 12:37 p.m.

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

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.

Gary Mello 9/18/14
 Signature of Authorized Person Date

Gary Mello, Manager
 Print or Type Name of Authorized Person