

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

2015

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.	2. Exact name of the limited liability company					
135569	102 OAKDALE AVENUE, LLC					
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	to deal with real estate					
5. Principal office address		 -	City	State	Zip	
102 Oakdale Avenue			Pawtucket	RI	02860-0000	
	LIMITED LIABILIT	Y COMPANY AND NAM	E OR TITLE OF CONTACT PE	RSON:	<u> </u>	
Contact Name Manuel L. Nunes	nas		Contact Title Manager			
Street Address				State		
102 Oakdale Avenu	e		City Pawtucket	RI	Zip 02860-0000	
7. LIST <u>ALL</u> MANAGERS (I ("X" BOX FOR ATTACHE		RESSES) OF THE LIMI	TED LIABILITY COMPANY, IF	APPLICABLE - <u>DO N</u>	OT LIST MEMBERS	
Manager Name Manuel L. Nunes			Manager Name			
Street Address			Street Address			
102 Oakdale Aveni	ue					
City Pawtucket	State R I	Zip 02860	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RI	HODE ISLAND					
This information is current	lly of record in the	Office of the Secretar	y of State. Changes require fil	ing Form 642.		

File Date	FILEU AUG 2 8 2015	Under penalty of perjury, I declare and aff this report, including any accompanying and that all statements contained herein a	schedules and statements,
Check No	130	1 1/2	09/01/2015
Ву:	BA A	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ON	iLY	Manuel L. Nunes Print or Type Name of Authorized Person	

Manager

Form No. 632 Revised: 01/2012