

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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. 129556	2. Exact name of the limited liability company OAKLEY REALTY, LLC					
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	OWN AND MANAGE REAL ESTATE					
5. Principal office address 212 AMERICA			City NEWPORT	State RI	Zip 02840	
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND NA	AME OR TITLE OF CONTACT	PERSON;		
Contact Name ANN M. OAKLEY			Contact Title MEMBER			
Street Address 212 AMERICA			City NEWPORT	State RI	Zip 02840	
7. LIST <u>all</u> managers ("X" box for attach	(NAMES AND ADD MENT) 🔽	RESSES) OF THE LI	MITED LIABILITY COMPANY, I	F APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name ANN M. OAKLEY			Manager Name			
Street Address 212 AMERICA			Street Address			
City NEWPORT	State RI	Zip 02840	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND					
		Office of the Council	tary of State. Changes require	filing Form 642		

FILED SEP 3 0 2015

File Da Check		
Ву:	ECRETARY OF STATE US	EONLY

ANN MOAKLEY
Print or Type Name of Authorized Person

Signature of Authorized Person

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.

Form No. 632 Revised: 01/2012