

## 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

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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. <b>812289</b>		2. Exact name of the limited liability company Oxford Holdings, LLC.				
3. State of Formation  Rhode Island	<b>I</b>	4. Brief description of the character of business conducted in Rhode Island To own, operate, lease, rent, sell, and manage real estate				
5. Principal office address 1080 Main Street			City Pawtucket	State RI	Zip <b>02860</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND N Contact Name Jonathan N. Savage			NAME OR TITLE OF CONTACT PERSON:  Contact Title  Member			
Street Address 1080 Main Street			City Pawtucket	State RI	Zip <b>02860</b>	
7. LIST ALL MANAGERS	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, I	FAPPLICABLE - <u>Do</u>	No dels de membrers de	
Manager Name None			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	
8. RESIDENT AGENT IN R	The state of the s	And the second s		And the second s	The second secon	
This Information is curren	tly of record in the	Office of the Seci	retary of State. Changes require	filing Form 642.		

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Check No 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. Signature of Authorized Person Jonathan N. Savage

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012