



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 57942		2. Exact name of the Corporation OAKLAWN PRODUCTS, Inc.			
3. Principal office address 605 Natick Avenue		City Cranston	State RI	Zip 02921	
4. Business Phone No. 401.944.3784		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Marketing and distribution of industrial and consumer products and all other activities lawful within this chapter.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert A. Flynn, Sr.			Vice-President Name Robert A. Flynn, Sr.		
Street Address 605 Natick Ave.			Street Address 605 Natick Ave.		
City Cranston	State RI	Zip 02821	City Cranston	State RI	Zip 02821
Secretary Name Robert A. Flynn, Sr.			Treasurer Name Robert A. Flynn, Sr.		
Street Address 605 Natick Ave.			Street Address 605 Natick Ave.		
City Cranston	State RI	Zip 02821	City Cranston	State RI	Zip 02821
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert A. Flynn, Sr.			Director Name		
Street Address 605 Natick Ave.			Street Address		
City Cranston	State RI	Zip 02821	City	State RI	Zip 02821
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

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.

Robert A. Flynn, Sr. 25 Feb 16
Signature of Authorized Representative Date

Robert A. Flynn, Sr. President

Print or Type Name of Authorized Representative

FILED

FEB 29 2016

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