



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2016

**1. ID No.** 001336393

**2. Exact Name of the Limited Liability Company** OAK STREET INVESTMENTS, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code  53

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

INVESTING IN REAL ESTATE AND ENGAGING IN SUCH OTHER ACTIVITIES AS THE MANAGER MAY DETERMINE WHICH ARE PERMITTED TO BE ENGAGED IN BY LIMITED LIABILITY COMPANIES UNDER THE PROVISIONS OF THE "RHODE ISLAND LIMITED LIABILITY COMPANY ACT," AS AMENDED.

**5. Principal Office Address**

No. and Street: 521 LIBERTY LANE  
City or Town: WEST KINGSTOWN State: RI Zip: 02892 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: KENNETH S. BOUVIER Contact Title: MANAGER  
No. and Street: 521 LIBERTY LANE  
City or Town: WEST KINGSTOWN State: RI Zip: 02892 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-------|--|--|
|       |  |  |

MANAGER

KENNETH S. BOUVIER

521 LIBERTY LANE  
WEST KINGSTOWN, RI 02892 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

MCLAUGHLIN & QUINN, LLC 148 WEST RIVER STREET #1E PROVIDENCE , RI 02904

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 25 Day of October, 2016 at 12:43:33 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KENNETH S. BOUVIER  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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