



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

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 BUS SVCS DIV

2017 FEB 27 PM 12:35

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000086202		2. Exact name of the Corporation Linda F. Oakley, RPR, Inc.			
3. Principal Office Address 180 Table Rock Road		City So. Kingstown,		State RI	Zip 02879
4. NAICS Code 54		6. Brief description of the character of business conducted in Rhode Island Conduct and carry on the business of court reporting.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Linda F. Oakley			Vice-President Name Linda F. Oakley		
Street Address 180 Table Rock Road			Street Address 180 Table Rock Road		
City So. Kingstown,	State RI	Zip 02879	City So. Kingstown,	State RI	Zip 02879
Secretary Name Linda F. Oakley			Treasurer Name Linda F. Oakley		
Street Address 180 Table Rock Road			Street Address 180 Table Rock Road		
City So. Kingstown,	State RI	Zip 02879	City So. Kingstown,	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100.00	CNP	\$0.00
11. 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.					
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.					
Name of Authorized Representative Linda F. Oakley, President					Date 2/27/17
Signature of Authorized Representative <i>Linda F. Oakley</i>					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 27 2017

BY *JP 296872*