s s	tate of Rhode Island and Pro Office of the Secreta		5 Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-304	treet)4-2615	
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: 2017			
1. ID No. <u>000137540</u>			
2. Exact Name of the Limited Liability Company <u>OAKWELLS, L.L.C.</u>			
3. State of Formation			
State: <u>GA</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>453220</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
NEWSSTANDS/GIFTSHOPS			
5. Principal Office Address			
	<u>D BOX 1743</u> ALLAS State: <u>GA</u>	Zip: <u>30132</u> Co	untry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: MICHAEL REILLY Contact Title: No. and Street: 1035 S. SEMORAN BLVD SUITE 1011			
City or Town: WINTER PARK State: <u>FL</u> Zip: <u>32792</u> Country: <u>USA</u>			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addres	ss
MANAGED	First, Middle, Last, Suffix	Address, City or Town, Stat	e, Zip Code, Country
MANAGER	MICHAEL J REILLY	PO BOX ORLANDO, FL 3	

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 13 Day of September, 2017 at 6:06:36 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 <u>MICHAEL REILLY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\ensuremath{\textcircled{\sc 0}}$ 2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved