RI SOS Filing Number: 201749847040 Date: 9/15/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2017

Annual Report for the year: < <u>O l /</u> Limited Liability Company						
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1.						
-7 Felially. Additional \$25.00 fee in form is not filled by December 1.						
1. Entity ID Number	2. Exact name of the Limited Liability Company					
1668406	TCB OAKLAWN LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
53 1120	<u>,</u>					
5. State of Formation	Ave No Prov State Zip 02911					
6. Principal Office Address			City		State	Zip
64 Observatory	Ave		No	Prov	RI	02911
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name ANTHONY NATALE			Contact Title MANA GUR			
Street Address () ()	City Ane r	J. 090	State Q	Zip		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Aathon Natale			Manager Name			
Street Address	esva	toruia	Street Address	-		1
W. Prv	State	53911	City		State	Zip
Manager Name	Manager Name					
Street Address			Street Address			
City	State	Zip	City		State	Zip
Check the box to indicate an attachment						
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
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 Person					Date	
ANTHON NATHE 9/8/17						8/17
Signature of Authorized Person Natil						

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

-Pavised: 08/2017