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

STAMP

FOR
SECRETARY OF STATE
USE ONLY

Annual Report for the year: 2017
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.

1. Entity ID Number **120662**	2. Exact name of the Limited Liability Company **OAKLAWN AVE. MANAGEMENT, LLC**			
3. NAICS Code _ 81290D 5. State of Formation **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island **;Develop, Own, Operate and Maintain Real and Personal Property relating to Power Generation of Electricity**			
6. Principal Office Address **422 Warwick Avenue**	City **Warwick**	State **RI**	Zip **02888**	

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name **Christopher D. DiFanti**	Contact Title **Member**		
Street Address **422 Warwick Avenue**	City **Warwick**	State **RI**	Zip **02888**

8. List **ALL** managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			Manager Name		
Street Address			Street Address		
City	State **RI**	Zip	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 **Debra C. Miraglia, Manager**	Date 11/2/11
Signature of Authorized Person SIGN DOCUMENT HERE	

OCT 12 2017
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MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov

FORM 632 - Revised: 08/2016