

Annual Report for the year: \_2017

**Limited Liability Company** 

<ul> <li>→ Filing period: Septemb</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25</li> </ul>	per 1 - Novem		December 1.	_	<u> </u>	
1. Entity ID Number <b>504791</b>	I	2. Exact name of the Limited Liability Company Oak Realty, LLC				
3 NAICS Code	4 Brief de:	4 Brief description of the character of business conducted in Rhode Island				
5. State of Formation	l l	Real Estate				
RI						
6. Principal Office Address			City	State	Zıp	
PO Box 277			Narragansett	RI	02882	
7. Mailing Address of Limited		any and Name o				
Contact Name Abigail Blum			Contact Title Member	Contact Title Member		
Street Address PO Box 277			City Narragansett	State RI	<sup>Zip</sup> 02882	
8. List ALL managers (names	and addresse	s) of the Limited	Liability Company, IF APPLICABL	E - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Is	land. This inform	nation is currently	of record with the Department of State	. Changes require filir	ig Form 642.	
Under penalty of perjury, I c statements, and that all stat	leclare and affi tements contai	irm that I have ined herein are	examined this report, including true and correct.	any accompanyin	g schedules and	
Name of Authorized Person				Date		
Abigail Blum, Member				10-2	0-17	
Signature of Authorized Perso	"BLW!	, neme	fle.			
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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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

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