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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 <b>147224</b>	2. Exact name of the Limited Liability Company  Desert Oasis, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
53 JI JO	Ownership and management of real estate				
5. State of Formation	1				
Rhode Island					
6. Principal Office Address			City	State	Zip
1 Wayland Square, 310S			Providence	RI	02906
7. Mailing Address of Limited Lia	bility Compan	y and Name or Tit			
Contact Name John Brezack			Contact Title Manager		
Street Address 1 Wayland Square, 310S			City Providence	State RI	<sup>Zıp</sup> 02906
8. List ALL managers (names a	nd addresses)	of the Limited Lial	bility Company, IF APPLICAE	BLE - DO NOT LIST I	MEMBERS
Manager Name John Brezack			Manager Name		
Street Address 1 Wayland Square, 310S			Street Address		
City Providence	State RI	<sup>Zip</sup> 02906	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	1		<del></del>	Check the box to i	ndicate an attachment
9. Resident Agent in Rhode Islan	nd. This informa	tion is currently of re	cord with the Department of Sta	te. Changes require filin	g Form 642.
Under penalty of perjury, I dec statements, and that all staten			· ·	g any accompanyin	g schedules and
Name of Authorized Person				Date	•
John Brezack				9/12/17	,
Signature of Authorized Person SIGN DOCUMENT HERE					

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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