



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2018

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED STAMP
SECRETARY OF STATE
CORPORATIONS DIV.
FOR
SECRETARY OF STATE
USE ONLY

2018 MAR -1 PM 12:14

1. Entity ID Number <u>86202</u> 000086202		2. Exact name of the Corporation Linda F. Oakley, RPR, Inc.			
3. Principal Office Address 180 Table Rock Road			City So. Kingstown,	State RI	Zip 02879
4. NAICS Code 561492		6. Brief description of the character of business conducted in Rhode Island Conduct and carry on the business of court reporting.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Linda F. Oakley			Vice-President Name Linda F. Oakley		
Street Address 180 Table Rock Road			Street Address 180 Table Rock Road		
City So. Kingstown,	State RI	Zip 02879	City So. Kingstown,	State RI	Zip 02879
Secretary Name Linda F. Oakley			Treasurer Name Linda F. Oakley		
Street Address 180 Table Rock Road			Street Address 180 Table Rock Road		
City So. Kingstown,	State RI	Zip 02879	City So. Kingstown,	State RI	Zip 02879
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 100.00	CLASS/SERIES CNP	PAR VALUE \$0.00	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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 Representative Linda F. Oakley, President				Date March 1, 2018	
Signature of Authorized Representative Linda F. Oakley				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

FILED
MAR 01 2018
BY 325621
AA.