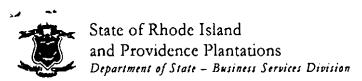
RI SOS Filing Number: 201877915390 Date: 9/20/2018 4:00:00 PM



148 W. River Street Providence, RI 02904-2615 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_ 2018

Filing Pertod: September 1 - November 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 293755	2. Exact name of the limited liability company Oscar the Cat, LLC			\$1	3. NAICS CODE \$12,990	
4. Brief description of the character of the business which is actually conductive Publishing, literary, and investment purposes.			ed in Rhode Island  5. State of Formation Rhode Island		•	
6. Principal office address 4 Overlook Road			City Barrington	State RI	7.ip 02806	
7. MAILING ADDRI Contact Name David M. Dosa,	<del></del>	ILITY COMPANY AND	NAME OR TITLE OF CONTAC Contact Title Manager	T PERSON:		
Street Address 4 Overlook Road			City Barrington	State RI	2 <i>ip</i> 02806	
8. NAME AND ADDI		SER OF THE LIMITED I S BEFORE USING ATT/	LIABILITY COMPANY, IF APP ACHMENTS ("X" BOX FOR	ATTACHMENT)	LIST MEMBERS	
Manager Name David M. Dosa Street Address			Manager Name Street Address			
David M. Dosa  Street Address 4 Overlook Roa	a, M.D.		Manager Name Street Address			
David M. Dosa Street Address 4 Overlook Roa City Barrington	a, M.D.	Zip 02806	Manager Name  Street Address  City	State	Zip	
David M. Dosa  Street Address 4 Overlook Roa  City	a, M.D.	Zip	Manager Name Street Address		Zip	
David M. Dosa Street Address 4 Overlook Roa City Barrington	a, M.D.	Zip	Manager Name  Street Address  City		Zip	
David M. Dosa  Street Address 4 Overlook Roa  City Barrington  Manager Name	a, M.D.	Zip	Manager Name  Sirect Address  City  Manager Name		Zip	

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SEP 2 0 2018	
BY 31118115	report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	
Check No.	<del></del>
Ву:	
FOI	R SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person Date

David M. Dosa, M.D., Manager