



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: 2018
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 307526		2. Exact name of the Limited Liability Company OYSTER POND LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island To own and operate residential rental apartments			
5. State of Formation RI					
6. Principal Office Address 558 SMITHFIELD ROAD			City PAWTUCKET	State RI	Zip
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JOHN K. COOPER			Contact Title		
Street Address 558 SMITHFIELD ROAD			City PAWTUCKET	State RI	Zip 028
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name NONE			Manager Name		
Street Address			Street Address		
City	State	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 <input type="checkbox"/>					
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 JOHN K. COOPER				Date 9-18-2018	
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

FILED

SEP 28 2018

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