s s	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-30	treet 04-2615	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2018</u>		
1. ID No. <u>000541862</u>	2		
2. Exact Name of the Li	mited Liability Company Oaklawr	Development, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found		ntity. Download
4. Brief Description of th	e Character of the Business Which	n is Actually Conducted in F	Rhode Island
REAL ESTATE HOLDI	ING COMPANY		
5. Principal Office Addre	SS		
	<u>GANSETT AVENUE</u> <u>ANSTON</u> State	e: <u>RI</u> Zip: <u>02910</u> Cou	untry: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	e or Title of Contact Person	:
	Title: <u>ANSETT AVENUE</u> <u>NSTON</u> State	e: <u>RI</u> Zip: <u>02910</u> Cou	untry: <u>USA</u>
	Each Manager of the Limited Liak	bility Company, if Applicabl	e.
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zi	p Code, Country
8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>ANTHONY M. CAPRIO</u> <u>70 GANSETT AVENUE</u> <u>CRANSTON</u>, <u>RI</u> <u>02910</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 17 Day of October, 2018 at 10:15:58 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ANTHONY M CAPRIO

Signature of Authorized Person

Form No. 632 Revised 09/07

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