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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019

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Annual Report for the year: _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.

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Entity ID Number	2. Exact name	2. Exact name of the Limited Liability Company				
511264	S&D OAKLAWN, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
722513						
5. State of Formation	to operate a donut shop					
Rhode Island						
Principal Office Address			City	State	Zip	
115 Woodward Avenue			Narragansett	RI	02882-0000	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Steven Gabellieri			Contact Title Manager			
Street Address 115 Woodward Avenue			City Narragansett	State RI	Zip 02882-0000	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Steven Gabellieri			Manager Name			
Street Address 115 Woodward Avenue			Street Address			
City Narragansett	State RJ	Zip 02882	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
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			•	Date		
Steven Gabellieri	teven Gabellieri			09/03/2019		
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