

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
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 na	2. Exact name of the Limited Liability Company					
504791	Oak Re	Oak Realty ,LLC					
3. NAICS Code 53110		Brief description of the character of business conducted in Rhode Island To own and manage real estate and do all things incidental thereto.					
5. State of Formation RI							
6. Principal Office Address PO Box 277			City Naragansett	State RI	Zip 02882		
7. Mailing Address of Limite	ed Liability Compa	iny and Name oi	r Title of Contact Person				
Contact Name Abigail Blum		Contact Title Authorized Member					
Street Address PO Box 277		City Naragansett	State RI	^{Zip} 02882			
8. List ALL managers (nan	nes and addresse:	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS		
Manager Name		Manager Name					
Street Address		Street Address	Street Address				
City	State	Zip	City	State	Zip		
Manager Name		Manager Name					
Street Address		Street Address	Street Address				
City	State	Zıp	City	State	Zıp		
	l			Check the box to	indicate an attachment		
9. Resident Agent in Rhod	e Island. This inforr	nation is currently	of record with the Department of Sta				
	I declare and aff	irm that I have	examined this report, including				
Name of Authorized Person Date							
Abigail Blum			10-26-19				
Signature of Authorized Pe	blll, m	e jusa :	IN 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