



State of Rhode Island
Department of State - Business Services Division

FILED

SEP 17 2020

BY

Annual Report for the year: 2020
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 <u>1668406</u>	2. Exact name of the Limited Liability Company <u>TCO OAKLAWN LLC</u>		
3. NAICS Code <u>531120</u>	4. Brief description of the character of business conducted in Rhode Island <u>Real estate holding</u>		
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>64 Observatory Ave</u>		City <u>N. Prov</u>	State <u>RI</u>
		Zip <u>02911</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>ANTHONY NATALE</u>		Contact Title <u>MANAGER</u>	
Street Address <u>SAME</u>		City	State
		Zip	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 <u>Anthony Natale</u>		Date <u>9/8/20</u>	
Signature of Authorized Person <u>Anthony Natale</u>			

MAIL TO:

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