State of Rhode Island       Fer: \$50.0         Office of the Secretary of State         Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040         Primited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(0, each limited liability company falling or refusing to fale its annual report with R/I.G.L. 7- 16-66(0&C)) is subject to a penalty fee of \$25.00         ANNUAL REPORT YEAR: 2020         1         1. ID No. 001687494         2. Exact Name of the Limited Liability Company IRISH OAKS LLC         3. State of Formation State: RI         State: RI         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         \$31311         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         Principal Office Address         No. and Street:       465 SHIPPEETOWN ROAD         City or Town:       EAST GREENWICH       State: RI       Zip: 02818       Country: USA         6. Mailing Address of Limited Liability Company and Name					
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00         ANNUAL REPORT YEAR: 2020         1. ID No. 001687494         2. Exact Name of the Limited Liability Company IRISH OAKS LLC         3. State of Formation State: RI         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         531311         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         PROPERTY MANAGEMENT         5. Principal Office Address         No. and Street:       465 SHIPPEETOWN ROAD City or Town:       EAST GREENWICH       State: RI       Zip: 02818       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title: No. and Street:       465 SHIPPEETOWN ROAD City or Town:       EAST GREENWICH       State: RI       Zip: 02818				Fee: \$50.00	
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(401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.1 G L. 7-16-66(d), each limited liability company failing or refusing to file its annual report with mitry (20) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2020         1. ID No.       001687494         2. Exact Name of the Limited Liability Company IRISH OAKS LLC         3. State of Formation         State: RI         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         531311         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         PROPERTY MANAGEMENT         5. Principal Office Address         No. and Street:       465 SHIPPEETOWN ROAD City or Town:       EAST GREENWICH       State: RI       Zip: 02818       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:       Contact Title: No. and Street:       465 SHIPPEETOWN ROAD City or Town:       EAST GREENWICH       State: RI       Zip: 02818       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS					
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	Title	Individual Name	Addre	ess	
			Address, City or Town, St	ate, Zip Code, Country	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER			

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

MICHAEL MONAGHAN 465 SHIPPEETOWN ROAD EAST GREENWICH, RI 02818

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

**Signed this 19 Day of September, 2020 at 9:06:06 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 <u>MICHAEL J. MONAGHAN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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