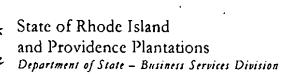


RI SOS Filing Number: 202067906080

Date: 10/24/2020 4:00:00 PM

OCT 2 1 2020

148 W. River Street Providence, RJ 02904-2615 401.222.3040



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2020

Filing Period: September 1 - November 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company falling 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.

1. ID No.	293755 Oscar the Cat, LLC				3. NAICS Code 812990	
		ness which is actually condu	icted in Rhode Island		te of Formation	
Publishing, literary, and investment purposes.			Rhode Island			
G. Principal office address			City	State	Zip	
4 Overlook Road			Barrington	RI	02806	
7. MAILING ADDR	ESS OF LIMITED LIAB	ILITY COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:		
Contact Name			Contact Title			
David M. Dosa, M.D.			Manager			
Street Address			City	State	Zip	
4 Overlook Roa	ad	·	Barrington	RI	02806	
8. NAME AND ADD	RESS OF EACH MANA	GER OF THE LIMITED	LIABILITY COMPANY, IF APP	LICABLE - DO NO	T LIST MEMBERS	
		S BEFORE USING ATT	ACHMENTS ("X" BOX FOR	ATTACHMENT)		
Munuger Name David M. Dosa, M.D.			Manager Name			
Street Address	<u> </u>	<u> </u>	Street Address			
4 Overlook Roa	ad					
City	State	Zip	City	State	Zip	
Barrington	RI	02806				
Manager Name			Manager Name			
Street Address			Street Address			
Sirect Magress			Sittle Albatest			
City	State	Zip	City	State	Zip	
	T IN RHODE ISLAND					
This information is cu	rrently of record in the O	ffice of the Secretary of St	ate. Changes require filing of For	m 642 – R.I.G.L. 7-16	-11Orson and Brusini Ltd.	

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

···	
File Date	
Check No.	
Ву:	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Authorized Person Date

David M. Dosa, M.D., Manager