	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business		
148 W. River Street Providence RI 02904-2615			
HODE	(401) 222-30		
Limited Liability Com Annual Report Filing Period: September 1			
In accordance with R.I.G.L.	7-16-66(d), each limited liability com in thirty (30) days after the time preso		
ANNUAL REPORT YEAR:	2020		
1. ID No. <u>001688378</u>			
2. Exact Name of the Limited Liability Company Oak Leaf Construction Consultants LLC			
3. State of Formation			
State: <u>RI</u>			
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.			
238990			
4. Brief Description of th	e Character of the Business Whic	h is Actually Conducted in F	Rhode Island
CONSTRUCTION CON	<u>NSULTING</u>		
5. Principal Office Addre	SS		
No. and Street: 21 SCENIC HEIGHTS DRIVE			
		State: <u>RI</u> Zip: <u>02891</u> C	ountry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: JOHN DUFFY Contact Title:			
No. and Street: 21 SC	CENIC HEIGHTS DR		
City or Town: WES	<u>TERLY</u> Sta	te: <u>RI</u> Zip: <u>02891</u> Co	ountry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Z	ip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

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

JOHN DUFFY 21 SCENIC HEIGHTS DRIVE WESTERLY, RI 02891

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

Signed this 9 Day of November, 2020 at 9:33:14 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 JOHN DUFFY

Signature of Authorized Person

Form No. 632 Revised 09/07

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