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Annual Report for the year: 7070 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.

Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
001668570	Oak	On Alex Constantion Lie				
3. NAICS Code	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
136118		-				
5. State of Formation						
RI mostly Besidential Remodeling/general contraction. 6. Principal Office Address City State Zip						
6. Principal Office Address	al Office Address			State .	Zip	
345 Church axe			worwich	AI	० रहार व	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Ketelynn Leland			Contact Title	Contact Title		
Street Address U 345 Auch are			city wavich	State PL	Zlp 07.889	
8. List ALL managers (names	and addresses) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<u>!</u>			Check the box to i	indicate an attachment	
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 Date						
Preston Lelat 11/16/20						
Signature of Authorized Person						
the ferral						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 12:04

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FORM 632 - Revised: 08/2020