



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2016
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.

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| | | | | | |
|---|-------------|---|----------------------------|----------------------|-----|
| 1. Entity ID Number 000812235 | | 2. Exact name of the Limited Liability Company Oak Square Resources, LLC | | | |
| 3. NAICS Code 541614 | | 4. Brief description of the character of business conducted in Rhode Island The business provides consulting services for the mass transit industry and was certified as a woman-owned business enterprise (WBE) and a disadvantaged business enterprise (DBE) in the state of Rhode Island. | | | |
| 5. State of Formation Massachusetts | | | | | |
| 6. Principal Office Address 83 Hunnewell Avenue | | City Brighton | State MA | Zip 02135 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Susan Bregman | | | Contact Title Principal | | |
| Street Address 83 Hunnewell Avenue | | City Brighton | State MA | Zip 02135 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name Susan Bregman | | Manager Name | | | |
| Street Address 83 Hunnewell Avenue | | Street Address | | | |
| City Brighton | State MA | Zip 02135 | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | 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. | | | | | |
| <i>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.</i> | | | | | |
| Name of Authorized Person Susan Bregman | | | | Date 15 July 2021 | |
| Signature of Authorized Person | | | | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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