RI SOS Filing Number: 202100972340 Date: 9/3/2021 4:00:00 PM



Annual Report for the year: 2021 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.

| FILED |
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| STAME SEP 0 3 2021 |
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| BY |
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| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
|---|---|-------------------------------------|--|---------------------|----------------------|--|
| 793380 | Oracle Homes, LLC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 531120 | Real estate holdings | | | | | |
| 5. State of Formation | | | | | | |
| Massachusetts | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 23 Circle Drive | | | Seekonk | MA | 02771 | |
| 7. Mailing Address of Limited Lia | bility Company | and Name or Titl | | | | |
| Contact Name Gary Mello | | | Contact Title Manager | | | |
| Street Address 23 Circle Drive | | | ^{City} Seekonk | State MA | ^{Zip} 02771 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | |
| Manager Name Gary Mello | | | Manager Name None | | | |
| Street Address 23 Circle Drive | | | Street Address | | | |
| City Seekonk | State MA | ^{Zip} 02771 | City | State | Zip | |
| Manager Name None | | | Manager Name None | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City · | State | Zip . | |
| Check the box to 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 dec statements, and that all staten | lare and affirm ents contained | that I have exa I herein are tru | mined this report, inciudi a and correct. | ng any accompanying | schedules and | |
| Name of Authorized Person | | | | Date | Date | |
| Gary Mello | | | | | _ | |
| 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