



State of Rhode Island

Department of State - Business Services Division

FILED

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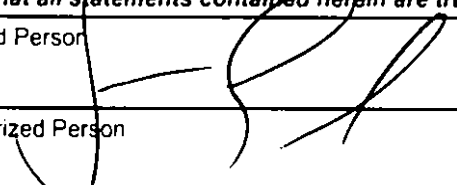
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Annual Report for the year: 2023  
Limited Liability Company

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

|                                                                                                                                                                                                             |  |                                                                                                         |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------|-------------|
| 1. Entity ID Number<br>001749769                                                                                                                                                                            |  | 2. Exact name of the Limited Liability Company<br>OAKLAWN GAS DONUTS, LLC                               |             |
| 3. NAICS Code<br>722513                                                                                                                                                                                     |  | 4. Brief description of the character of business conducted in Rhode Island<br>QUICK SERVICE RESTAURANT |             |
| 5. State of Formation<br>RHODE ISLAND                                                                                                                                                                       |  |                                                                                                         |             |
| 6. Principal Office Address<br>251 SMITH STREET                                                                                                                                                             |  | City<br>PROVIDENCE                                                                                      | State<br>RI |
|                                                                                                                                                                                                             |  | Zip<br>02908                                                                                            |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |  |                                                                                                         |             |
| Contact Name<br>JAMES T. LYNCH                                                                                                                                                                              |  | Contact Title                                                                                           |             |
| Street Address<br>251 SMITH STREET                                                                                                                                                                          |  | City<br>PROVIDENCE                                                                                      | State<br>RI |
|                                                                                                                                                                                                             |  | Zip<br>02908                                                                                            |             |
| 8. 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<br>JAMES T. LYNCH                                                                                                                                                                 |  | Date<br>3/10/23                                                                                         |             |
| Signature of Authorized Person<br>                                                                                       |  |                                                                                                         |             |

MAIL TO:

Division of Business Services

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