

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 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.

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1. Entity ID Number	2 Exact name of the Lie	mited Liability Company		,		
Ť	2. Exact name of the Limited Liability Company					
001749769	OAKLAWN GAS DONUTS, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
722513	QUICK SERVICE RESTAURANT					
5. State of Formation	7					
RHODE ISLAND						
6. Principal Office Address		City	State	Zip		
251 SMITH STREET		PROVIDENCE	RI	02908		
7. Mailing Address of Limited L	iability Company and Nam	e or Title of Contact Person	····································			
Contact Name JAMES T. LYNCH		Contact Title				
Street Address 251 SMITH STREET		City PROVIDENCE	State RI	^{Zip} 02908		
8. The Resident Agent informa	ion currently of record with	the RI Department of State is accurat	e. Changes requi	re filing Form 642.		
9. Under penalty of perjury, I statements, and that all state		have examined this report, including are true and correct.	g any accompan	ying schedules an		
Name of Authorized Person			Date			
JAMES T. LYNCH			2-27-24			
Signature of Authorized Persor)			-		
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 **Website:** www.sos.ri.gov