

State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2025 **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	2. Exact name of the Limited Liability Company			
001764235	1009 Oaklawn Avenue LLC			
3. NAICS Code	4 Brief description of the character of business conducted in Rhode Island to operate & manage a real estate business, including the purchasing, selling, leasing, mortgaging, marketing, maintaining & managing real estate			
531110				
5. State of Formation				
Rhode Island				
Principal Office Address		City	State	Zip
1009 Oaklawn Avenue		Cranston	RI	02920
7. Mailing Address of Limited L	iability Company and Name or T	tle of Contact Person		
Contact Name George Sotirakos		Contact Title Member		
Street Address 22 Azalea Drive		City Cranston	State	^{7ip} 02921
8 The Resident Agent informat	tion currently of record with the R	RI Department of State is accu	rate Changes requir	e filing Form 642.
	declare and affirm that I have o ments contained herein are tro		ding any accompany	ing schedules and
Name of Authorized Person			Date 2/4/25	
George Sotirakos			~ /	4/25
Signature of Authorized Person	S. tereks			

MAIL TO:

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