

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000006391

**Entity Name:** OASIS SYSTEMS, LLC

**Current Principal Place of Business:**

200 SUMMIT DR.  
SUITE 510  
BURLINGTON, MA 01803

**Current Mailing Address:**

200 SUMMIT DR.  
SUITE 510  
BURLINGTON, MA 01803 US

**FEI Number:** 04-3382761

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name GERLITZ, ANN  
Address 200 SUMMIT DR.  
SUITE 510  
City-State-Zip: BURLINGTON MA 01803

Title MEMBER  
Name PLUCHENIK, ARI  
Address 200 SUMMIT DR.  
SUITE 510  
City-State-Zip: BURLINGTON MA 01803

Title MEMBER  
Name OSI HOLDING COMPANY, LLC  
Address 200 SUMMIT DR.  
SUITE 510  
City-State-Zip: BURLINGTON MA 01803

Title MEMBER  
Name LEVINSON, SAM  
Address 200 SUMMIT DR.  
SUITE 510  
City-State-Zip: BURLINGTON MA 01803

Title MEMBER  
Name COLATOSTI, THOMAS  
Address 200 SUMMIT DR.  
SUITE 510  
City-State-Zip: BURLINGTON MA 01803

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS COLATOSTI

MEMBER

04/21/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date