



Matthew A. Brown, Secretary of State  
Corporations Division  
148 W. River Street, Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007**  
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No. 146175		2. Exact name of the limited liability company OPUS PROPERTIES, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Management			
5. Principal office address 580 MAPLE AVENUE		City BARRINGTON	State RI	Zip 02806-	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name Joseph DiGianfilippo, Esq.		Contact Title Attorney			
Street Address 50 Park Row West		City Providence	State RI	Zip 02903	
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE</b> <small>(FILE IN SERIES BEFORE USING AMENDMENTS. ("X" BOX FOR ALTERNATE.) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a)(2) 7-16-52</small>					
Manager Name Anthony Demers		• Manager Name			
Street Address 580 Maple Avenue		• Street Address			
City Barrington	State RI	Zip 02806	City	State	Zip
Manager Name		• Manager Name			
Street Address		• Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND. DO NOT ALTER. Changes require filing of Form 642. R.I.G.L. 7-16-11.</b>					
Agent Name JOSEPH DIGIANFILIPPO		Address 50 PARK ROW WEST, SUITE 111			
Address		City PROVIDENCE	Zip 02903-		

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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



**FILED**

File Date: **JAN 17 2008**

Check No. \_\_\_\_\_

By: **047043**

FOR SECRETARY OF STATE USE ONLY

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.

*Anthony Demers*      10/27/07  
Signature of Authorized Person      Date

**Anthony Demers, Manager**  
Print or Type Name of Authorized Person