

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3046

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

n accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No.

2. Exact name of the limited liability company

O' Connell Consulting Group, LLC

3. State of Formation

RI

4. Brief description of the character of the business which is actually conducted in Rhode Island

franchise consultant

5. Principal office address			City	State	Zip
31 Broadview Drive			Tiverton	RI	02878
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA Contact Name Peter O'Connell			ME OR TITLE OF CONTACT PERSON: Contact Title		
Street Address			Ciry	State	Ζip
31 Broadview Drive			Tiverton	RI	02878
7. NAME AND ADDRES			ABILITY COMPANY, IF API TTACHMENTS ("X" BOX F		LIST MEMBERS
Manager Name Peter O'Connell			он пладиницинального под принцинициний в деней в деней Манадет Name		
Street Address 31 Broadview 1	Drive		Street Address		
City Tiverton	State RI	_{Zip} 02878	City	State	Zip
Manager Name	······································		Manager Name		••••••
Street Address			Street Address		
City	State	Zip	City	State	Zip
R: RESIDENT AGENT IN Agent Name Peter O'Connel		DO NOT AFTER - Chang	es require filing of Form Address	642-R.ug.l. 7-16-11	

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

Tiverton, RI

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Address

31 Broadview Drive

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.

Ζip

02878

Simple of Anthony

Peter O'Connell

Print or Type Name of Authorized Person