



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120376		2. Exact name of the limited liability company O. P. REALTY, 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 3986 Old Post Road		City Charlestown	State RI
		Zip 02813	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name KATHLEEN M. KETTLE		Contact Title Owner	
Street Address 5 Wolfe Court		City Coventry	State RI
		Zip 02816	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name Kathleen M. Kettle		Manager Name Scott A. Campbell	
Street Address 5 Wolfe Court		Street Address 11 Starflower Court	
City Coventry	State RI	City Wakefield	State RI
Zip 02816		Zip 02879	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name STEPHEN J. DIGIANFILIPPO, ESQ.		Address 50 PARK ROW WEST, SUITE 111	
Address VIEIRA & DiGIANFILIPPO LTD.		City PROVIDENCE	Zip 02903-

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This report must be signed in ink by an authorized person pursuant to 7-16-66.



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File Date	10-30-09
Check No.	1575
By	MMC
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.

Kathleen M. Kettle 10-16-09
Signature of Authorized Person Date
Kathleen M. Kettle, Manager
Print or Type Name of Authorized Person