State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company
Annual Report

Filing Period: September 1 - November 1

In 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.

ANNUAL REPORT YEAR: 2011

1. ID No. 000488246

2. Exact Name of the Limited Liability Company O.M. Financial Group, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

The business, purpose and activity of the Company shall be to engage in a financial service business and any other business which a limited liability company may legally carry on. The Company shall possess and may exercise all the powers and privileges granted by the Act, any other applicable law or by this Agreement, together with any powers incidental thereto, so far as such powers and privileges are necessary or convenient to the conduct, promotion or attainment of the business, purposes or activities of the Company.

5. Principal Office Address

No. and Street: 95 SOCKANOSSET CROSS ROAD - SUITE 101
City or Town: CRANSTON State: RI Zip: 02920 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: 95 SOCKANOSSET CROSS ROAD - SUITE 101
City or Town: CRANSTON State: RI Zip: 02920 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	WILLIAM H. O CONNELL	95 SOCKANOSSET CROSS ROAD - SUITE 101 CRANSTON, RI 02920 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

F. MOORE MCLAUGHLIN, IV, ESQ. 148 WEST RIVER STREET, SUITE 1E PROVIDENCE , RI 02904

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

Signed this 21 Day of November, 2011 at 10:42:38 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By WILLIAM H. O CONNELL
Signature of Authorized Person

Form No. 632
Revised 09/07

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