



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|  |       |  |                               |                     |     |
|--|-------|--|-------------------------------|---------------------|-----|
| 1. Entity ID No.<br><b>128618</b>  |       | 2. Exact name of the limited liability company<br><b>O'ROURKE PROPERTIES, LLC</b>  |                               |                     |     |
| 3. State of Formation<br><b>Rhode Island</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Own and Manage Residential and Commercial Property</b> |                               |                     |     |
| 5. Principal office address<br><b>192 Parkside Drive</b>   |       | City<br><b>Warwick</b>   | State<br><b>RI</b>            | Zip<br><b>02888</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |  |                               |                     |     |
| Contact Name<br><b>Laurie O'Rourke</b>   |       |  | Contact Title<br><b>Owner</b> |                     |     |
| Street Address<br><b>192 Parkside Drive</b>  |       | City<br><b>Warwick</b>   | State<br><b>RI</b>            | Zip<br><b>02888</b> |     |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |  |                               |                     |     |
| Manager Name   |       |  | Manager Name                  |                     |     |
| Street Address   |       |  | Street Address                |                     |     |
| City   | State | Zip  | City                          | State               | Zip |
| Manager Name   |       |  | Manager Name                  |                     |     |
| Street Address   |       |  | Street Address                |                     |     |
| City   | State | Zip  | City                          | State               | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND  |       |  |                               |                     |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.  |       |  |                               |                     |     |

**FILED**

**SEP 21 2012**

BY 6098

File Date \_\_\_\_\_

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

By: \_\_\_\_\_

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.

*Laurie O'Rourke*  
 Signature of Authorized Person

9/15/12  
 Date

**Laurie O'Rourke**

Print or Type Name of Authorized Person