



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:** 2012

**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: WILLIAM H. O CONNELL 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	Address
	First, Middle, Last, Suffix	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 1 Day of November, 2012 at 11:35:29 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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