



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 2015

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: 2015

1. ID No. 000141557

2. Exact Name of the Limited Liability Company Opengear Investors, LLC

3. State of Formation

State: RI

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

MANAGEMENT SERVICES

FILED

OCT 07 2015

5. Principal Office Address

No. and Street: 50 PARK ROW WEST; SUITE 113

City or Town: PROVIDENCE

BY 1014

State: RI Zip: 02903 Country: USA

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

Contact Name: Matthew A Thibault Contact Title: CFO

No. and Street: 50 PARK ROW WEST, SUITE 113

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

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

Name	Address
ARTHUR X. DUFFY	Address, City or Town, State, Zip Code, Country 50 PARK ROW WEST; STE. 113 PROVIDENCE, RI 02903 USA

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

ARTHUR X. DUFFY 50 PARK ROW WEST, SUITE 113 PROVIDENCE , RI 02903

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

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Matthew A Thibault

Business Name: Rex Capital Advisors

No. and Street: 50 Park Row West

Suite 113

City or Town: Providence

State: RI

Zip: 02903

Country: USA

Contact Phone: (401) 383-5370 ext:

Contact Email: mthibault@rexcapital.com

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 17 Day of September, 2015 at 9:59:52 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 Arthur X Duffy

Signature of Authorized Person

Form No. 632
Revised 09/07

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