

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 2015

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.

45 Marian Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Bruce R. Campbell Contact Title Member Street Address 45 Marian Avenue 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST ME ("X" BOX FOR ATTACHMENT) Manager Name Street Address City State Zip City State Zip Manager Name Street Address Street Address Street Address Street Address Street Address City State Zip Manager Name Street Address Street Address City State Zip Manager Name Street Address City State Zip Manager Name Street Address	1. Entity ID No. 145672		2. Exact name of the limited fiability company Optimal Site Realty, LLC					
5. Principal office address 45 Marian Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Bruce R. Campbell Street Address 45 Marian Avenue City Narragansett RI 02882 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST ME ("X" BOX FOR ATTACHMENT) Manager Name Street Address City State Zip City State Zip Manager Name Street Address Street Address City State Zip City State Zip City State Zip Anager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip Manager Name Street Address City State Zip Manager Name	3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
45 Marian Avenue Ri Narragansett Ri O2882 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Bruce R. Campbell Contact Title Member Street Address 45 Marian Avenue City Narragansett Ri O2882 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST ME ("X" BOX FOR ATTACHMENT) Manager Name Street Address City State Zip City State Zip Manager Name Street Address Street Address Street Address City State Zip Manager Name Street Address City State Zip City State Zip City State Zip Ri O2882 Age Age Age Age Age Age Age Ag	RI	Purchas	Purchase, sale and management of real estate.					
Contact Title Bruce R. Campbell Street Address 45 Marian Avenue City Narragansett City Narragansett City Narragansett RI Zip 02882 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST ME ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State Zip Manager Name Street Address Street Address Street Address City State Zip	45 Marian Avenue			Nárragansett	RI	Zip 02882		
Street Address 45 Marian Avenue T. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST ME ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip Street Address City State Zip City State Zip City State Zip Street Address City State Zip	6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT PE	ERSON:			
A5 Marian Avenue 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST ME ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City Manager Name Manager Name Street Address Street Address City State Zip Manager Name Street Address City State Zip City State Zip City State Zip Street Address City State Zip								
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Street Address City State Zip City Manager Name Manager Name Street Address Street Address City State Zip City State Zip State Zip City State Zip Street Address	7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS		
City State Zip City State Zip Manager Name Manager Name Street Address Street Address City State Zip City State Zip B. RESIDENT AGENT IN RHODE ISLAND	Manager Name			Manager Name				
Manager Name Manager Name Street Address Street Address City State Zip City State Zip City State Zip State Zip	Street Address			Street Address				
Street Address Street Address City State Zip City State Zip State Zip	City	State	Zip	City	State	Zip		
City State Zip City State Zip B. RESIDENT AGENT IN RHODE ISLAND	Manager Name			Manager Name				
3. RESIDENT AGENT IN RHODE ISLAND	Street Address			Street Address				
	City	State	Zip	City	State	Zip		
	B. RESIDENT AGENT IN RI	IODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			Office of the Secr	etary of State. Changes require file	ing Form 642			

FILED OCT 1 9 2015

File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements and the all statements on tained herein are true and correct.		
Check No	Sund Combull	10/07/2015	
Ву:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Bruce R. Campbell		
	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012