

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 2014

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.	2. Exact name of the limited liability company					
486 621	OMR Properties, LLC					
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
RI	Real estate					
5. Principal office address	e Terrac	e	City Bed F		Zip 3110	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:						
Contact Name Melissa Mc Grath			Contact Title	Treasure		
Street Address	e Terraci	e	City Bedf	ford NH	^{Zip} 03110	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)						
Manager Name			Manager Name	Manager Name		
treet Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHOD	E ISLAND	<u> </u>			5	
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.						
FIRE UILDINGUOTIS CONTOUNTY					OCT 22	
FILED					A 000 00 00 00 00 00 00 00 00 00 00 00 0	
OCT 22 2015					9.	
By 259082						
A.A. 9:14.A.M						
Under penalty of periury 1 declare and affirm that I have examined						

 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.

Signature of Authorized Person

10/1/2015

Signature of Authorized 1 crosss

resident

Print or Type Name of Authorized Person