



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.

1. Entity ID No. 157247		2. Exact name of the limited liability company O'Gorman Development, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island TO OWN, OPERATE AND LEASE REAL ESTATE			
5. Principal office address 46 Aborn Street 4th Floor		City Providence		State RI	Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Kimberly Haskins		Contact Title Controller			
Street Address 46 Aborn Street 4th Floor		City Providence		State RI	Zip 02903
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 Arnold B. Chace Jr.		Manager Name			
Street Address 46 Aborn Street 4th Floor		Street Address			
City Providence	State RI	Zip 02903	City		State
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City		State
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

OCT 23 2015

BY 4614

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.

Arnold B. Chace Jr. 10/19/15

Signature of Authorized Person

Date

Arnold B. Chace Jr.

Print or Type Name of Authorized Person