



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