

## 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

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## 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.	Exact name of the limited liability company     Ocean State Risk Management, LLC					
540838						
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
RI	Construction compliance services					
5. Principal office address 773 Tunk Hill Road			City Scituate	State RI	Zip <b>02825</b>	
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:	Clave and the control of the control	
Contact Name Peter B. Brewer			Contact Title  Member			
Street Address 773 Tunk Hill Road			City Scituate	State <b>RI</b>	<sup>Zip</sup> <b>02825</b>	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADE MENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY	FAPPLICABLE - DO	NOT 19T MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND					
This Information is currer	ntly of record in th	e Office of the Sec	retary of State. Changes requir	e filing Form 642.		

Quinder penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, nd that all statements contained herein are true and correct. Signature of Authorized Person Peter B. Brewer, Member FOR SECRETARY OF STATE USE ONLY Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012