

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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.

1. Entity ID No. 155665	2. Exact nam	ne of the limited liab	ility company OCIATES, LLC		
3. State of Formation		ription of the charac TATE MANAGI	ter of business conducted in Rhoo EMENT	de Island	
5. Principal office address 728 VALLEY STREET	<u> </u>		City PROVIDENCE	State RI	Zip 02908
6. MAILING ADDRESS OF LIMIT Contact Name D. JOSEPH D'AMICO	ED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT Contact Title ATTORNEY	PERSON	
Street Address 728 VALLEY STREET			City PROVIDENCE	State RI	Zip 02908
7. LIST <u>ALL</u> MANAGERS (NAME "X" BOX FOR ATTACHMENT	S AND ADDI	RESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - <u>D</u> O	NOT LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
Dity	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
Dity	State	Zip	City	State	Zip
RESIDENT AGENT IN RHODE					
nis information is currently of i	record in the	Office of the Secre	etary of State. Changes require	filing Form 642.	99 ·
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		OCT 3	0 2015		PE CHES
		BY and 7	1861		3: 27
File Date			this report, including and that all statemen	jury, I declare and aff any accompanying its contained hereim	irm that I have examined schedules and statements are true and correct.

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By:	
FOR SECRETARY OF STA	

Form No. 632 Revised: 01/2012

Signature of Authorized Person

Date

ROBERT A. D'AMICO

Print or Type Name of Authorized Person