



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2016 JUN 30 PM 2:18

Annual Report for the year: 2015
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 000889764		2. Exact name of the Limited Liability Company Law Offices of Thomas H. O'Brien, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Practice of law			
5. Principal Office Address 2639 South County Trail		City East Greenwich		State RI	Zip 02818
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Thomas H. O'Brien		Contact Title Attorney			
Street Address 2639 South County Trail		City East Greenwich		State RI	Zip 02818
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST 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
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person Thomas H. O'Brien				Date 6/30/16	
Signature of Authorized Person Thomas H. O'Brien					

FILED

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By 278071

MAIL TO:

Division of Business Services

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