



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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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<br><b>000889764</b>   |       | 2. Exact name of the Limited Liability Company<br><b>Law Offices of Thomas H. O'Brien, LLC</b>        |      |                        |                     |
| 3. State of Formation<br><b>RI</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Practice of law</b> |      |                        |                     |
| 5. Principal Office Address<br><b>2639 South County Trail</b>   |       | City<br><b>East Greenwich</b>   |      | State<br><b>RI</b>     | Zip<br><b>02818</b> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |      |                        |                     |
| Contact Name<br><b>Thomas H. O'Brien</b>  |       | Contact Title<br><b>Attorney</b>  |      |                        |                     |
| Street Address<br><b>2639 South County Trail</b>  |       | City<br><b>East Greenwich</b>   |      | State<br><b>RI</b>     | Zip<br><b>02818</b> |
| 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.   |       |   |      |                        |                     |
| <b>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.</b> |       |   |      |                        |                     |
| Name of Authorized Person<br><b>Thomas H. O'Brien</b>   |       |   |      | Date<br><b>6/30/16</b> |                     |
| Signature of Authorized Person<br><b>Thomas H. O'Brien</b>  |       |   |      |                        |                     |

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By 278071

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov