



State of Rhode Island
and Providence Plantations
Department of State – Business Services Division

148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 000159535		2. Exact name of the limited liability company Optimates Co., LLC			3. NAICS Code		
4. Brief description of the character of the business which is actually conducted in Rhode Island General Investment					5. State of Formation Rhode Island		
6. Principal office address 117 Metro Center Blvd., Suite 2007				City Warwick	State RI	Zip 02886	
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:							
Contact Name Ralph A. Palumbo				Contact Title Member			
Street Address 117 Metro Center Blvd., Suite 2007				City Warwick	State RI	Zip 02886	
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT) <input type="checkbox"/>							
Manager Name Ralph A. Palumbo				Manager Name			
Street Address 117 Metro Center Blvd., Suite 2007				Street Address			
City Warwick	State RI	Zip 02886	City	State	Zip		
Manager Name				Manager Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
9. RESIDENT AGENT IN RHODE ISLAND							
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11Orson and Brusini Ltd.							

FILED

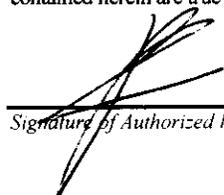
OCT 03 2016

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b)

BY 4545 DS

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.

File Date	_____
Check No.	_____
By:	_____
FOR SECRETARY OF STATE USE ONLY	

 _____
Signature of Authorized Person

9-27-16
Date

Ralph A. Palumbo, Member

Print or Type Name of Authorized Person