State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year:	
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.	

71 onaky. Additional \$20.00	TCC II IOIIII						
1. Entity ID Number	2. Exact name of the Limited Liability Company OMB42, LLC						
117702							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental and	Real Estate						
5. State of Formation	1						
RI							
6. Principal Office Address	<u> </u>		City	State	Zip		
127 Dorrance Street, 2nd Floor			Providence	RI	02903		
7. Mailing Address of Limited Lia	bility Compa	any and Name o					
Contact Name Mark A. Fay		Contact Title Member	Contact Title Member				
Street Address 127 Dorrance Street, 2nd Floor			City Providence	State RI	^{Zip} 02903		
8. List ALL managers (names ar	nd addresse:	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS		
Manager Name		Manager Name	Manager Name				
Street Address			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		
9. Resident Agent in Rhode Islan	d. This inforn	nation is currently	of record with the Department of Sta	te. Changes require fili	ng Form 642.		
Under penalty of perjury, I decistatements, and that all statem	lare and aff ents conta	irm that I have ined herein are	examined this report, including true and correct.	g any accompanyir	ng schedules and		
Name of Authorized Person				Date /	4/		
Mark A. Fay				10/4	1/2016		
Signature of Authorized Person		SIGN	DOCUMENT HERE	• (

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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