



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company
Annual Report

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2016

1. ID No. 000875171

2. Exact Name of the Limited Liability Company 32 Carey Street LLC

3. State of Formation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

53

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THE PURPOSE AND BUSINESS OF THE LLC IS TO ACQUIRE, DEVELOP, FINANCE, REMEDIATE, CONSTRUCT, REMODEL, REHABILITATE, OPERATE, SELL, MANAGE, AND OTHERWISE DEAL WITH APPROXIMATELY 32,874 SQUARE FEET LAND AND EXISTING BUILDINGS THEREON AND IMPROVEMENTS THERETO, HAVING AN STREET ADDRESS OF 32 CAREY STREET, IN THE CITY AND COUNTY OF NEWPORT, STATE OF RHODE ISLAND (THE "PROPERTY"), AND TO ENGAGE IN ALL ACTIVITIES RELATED TO OR INCIDENTAL THERETO, INCLUDING, WITHOUT LIMITATION, THE PLANNED HABILITATION OF THE PROPERTY INTO APPROXIMATELY THIRTEEN (13) RESIDENTIAL CONDOMINIUM UNITS OF MARKET RATE HOUSING (SUCH FUTURE IMPROVEMENTS SHALL HEREINAFTER BE REFERRED TO AS THE "PROJECT"), OBTAINING FINANCING FOR THE ABOVE PURPOSES, AND MANAGING, SELLING, LEASING, EXCHANGING, TRANSFERRING OR OTHERWISE DISPOSING OF ALL OR ANY PART OF THE PROPERTY OR PROJECT, MORTGAGING ALL OR ANY PART OF THE PROPERTY OR PROJECT AND ANY EXISTING OR FUTURE IMPROVEMENTS THEREON, INVESTING AND REINVESTING ANY FUNDS HELD IN RESERVE PURSUANT TO THE TE1MS OF THIS AGREEMENT, AND DOING ALL ACTS NECESSARY, APPROPRIATE OR INCIDENTAL TO RUNNING THE BUSINESS OF THE LLC.

5. Principal Office Address

No. and Street: 480 HAMPDEN STREET
City or Town: HOLYOKE State: MA Zip: 01040 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: JOANNE BEAUREGARD Contact Title: CONTROLLER
No. and Street: OCONNELL DEVELOPMENT GROUP INC.
480 HAMPDEN ST.
City or Town: HOLYOKE State: MA Zip: 01040 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	OCONNELL DEVELOPMENT GROUP INC,	480 HAMPDEN STREET HOLYOKE, MA 01040 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

RICHARD N. SAYER 130 BELLEVUE AVENUE NEWPORT , RI 02840

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

Signed this 1 Day of December, 2016 at 1:54:51 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JAMES N. SULLIVAN, TREASURER OF OCONNELL DEVELOPMENT GROUP INC., ITS
MANAGER

Signature of Authorized Person

Form No. 632
Revised 09/07