



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

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 CORPORATIONS DIV

2018 AUG 31 PM 12:09

Annual Report for the year: 2018
 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 <u>531060</u>		2. Exact name of the Limited Liability Company <u>OCGM, LLC</u>			
3. NAICS Code <u>532490</u>		4. Brief description of the character of business conducted in Rhode Island			
5. State of Formation <u>RI</u>		<u>Satellite Truck / Equipment</u>			
6. Principal Office Address <u>P.O. Box 1353</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02901</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Cheryl M. Haddad</u>		Contact Title <u>Manager</u>			
Street Address <u>P.O. Box 1353</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02901</u>	
8. 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"/>					
9. Resident Agent in Rhode Island. This information is currently of record with 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 <u>Cheryl M. Haddad</u>				Date <u>August 31, 2018</u>	
Signature of Authorized Person <u>Cheryl M. Haddad</u>				SECRETARY OF STATE	

FILED

AUG 31 2018

BY AJ Ryw
A.A.

MAIL TO:
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 Website: www.sos.ri.gov