s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business		
148 W. River Street Providence RI 02904-2615			
HOPE	(401) 222-304		
Limited Liability Com Annual Report Filing Period: September 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: 2018			
1. ID No. <u>001673468</u>			
2. Exact Name of the Limited Liability Company <u>OFDMD, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>531390</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
BUYING, SELLING, OWNING, LEASING AND DEALING IN AND WITH REAL ESTATE			
5. Principal Office Addre	SS		
No. and Street: 450 VETERANS MEMORIAL PARKWAY			
	4, UNITS C&D		
City or Town: <u>EAST P</u>	ROVIDENCE	State: <u>RI</u> Zip: <u>02914</u> Co	untry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>OLGA FREY</u> Contact Title: No. and Street: 450 VETERANS MEMORIAL PARKWAY			
BLDG. 4, UNITS C&D			
City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	ode, Country

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

LYNN E. RILEY, ESQ. CAMERON & MITTLEMAN LLP <u>301 PROMENADE STREET</u> <u>PROVIDENCE</u>, <u>RI</u> 02908

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

Signed this 10 Day of October, 2018 at 10:16:39 AM 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 OLGA FREY

Signature of Authorized Person

Form No. 632 Revised 09/07

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