s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615	
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: 2019			
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: <u>450 VETERANS MEMORIAL PARKWAY</u> <u>BLDG. 4, UNITS C&D</u>			
City or Town: EAST P	ROVIDENCE	State: <u>RI</u> Zip: <u>02914</u> Coun	try: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: OLGA FREY 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			
		State: <u>RI</u> Zip: <u>02914</u> Cour	iiiy. <u>USA</u>
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 Code, 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 1 Day of December, 2019 at 10:23:23 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 OLGA FREY

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2019 State of Rhode Island and Providence Plantations All Rights Reserved