	State of Rhode Isl Office of the Secretary		Fee: \$50.00
	Division Of Business Se 148 W. River Stree	et	
HOPE	Providence RI 02904- (401) 222-3040	2615	
Limited Liability Co Annual Report Filing Period: Septembe			
o file its annual report v	G.L. 7-16-66(d), each limited liability compan within thirty (30) days after the time prescribe o a penalty fee of \$25.00.		
ANNUAL REPORT YE	AR : <u>2020</u>		
1. ID No. <u>000117</u>	702		
2. Exact Name of the	e Limited Liability Company <u>OMB42, L</u>	<u>.C</u>	
3. State of Formation	n		
State: <u>RI</u>			
	ARTICLE III		
the list of codes here.	CS Code that best describes the primary bus More information on <u>NAICS</u> can be found onl	-	tity. Download
the list of codes <u>here.</u> N	More information on <u>NAICS</u> can be found onl	ne.	-
the list of codes <u>here.</u> N		ne.	-
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the list of codes <u>here.</u> N <u>531120</u> 4. Brief Description o	More information on <u>NAICS</u> can be found onl	ne.	-
the list of codes <u>here.</u> N <u>531120</u> 4. Brief Description o <u>REAL ESTATE</u> 5. Principal Office Ad No. and Street: <u>127 I</u>	More information on <u>NAICS</u> can be found onl	ne.	hode Island
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the list of codes <u>here.</u> N <u>531120</u> 4. Brief Description o <u>REAL ESTATE</u> 5. Principal Office Ad No. and Street: <u>127 I</u> City or Town: <u>PRO</u> 6. Mailing Address of Contact Name: <u>MAR</u> No. and Street: <u>127 E</u> City or Town: <u>PRO</u> 7. Name and Address	More information on <u>NAICS</u> can be found only of the Character of the Business Which is Idress DORRANCE STREET 2ND FLOOR VIDENCE If Limited Liability Company and Name of CK A. FAY Contact Title: <u>MEMBER</u> DORRANCE STREET, 2ND FLOOR VIDENCE s of Each Manager of the Limited Liabilit	Actually Conducted in R State: <u>RI</u> Zip: <u>02903</u> (Title of Contact Person: State: <u>RI</u> Zip: <u>02903</u> (hode Island Country: <u>USA</u> Country: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MARK A. FAY, ESQ. <u>127 DORRANCE STREET, 2ND FLOOR</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02903</u>

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

Signed this 24 Day of September, 2020 at 11:35:55 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 <u>/S/ MARK A. FAY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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