



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120376		2. Exact name of the limited liability company O. P. REALTY, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 3986 Old Post Road			City Charlestown	State RI	Zip 02813
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name KATHLEEN M. KETTLE			Contact Title Owner		
Street Address 5 Wolfe Court			City Coventry	State RI	Zip 02816
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILL IN SPACES BEFORE USING ATTACHMENTS. (X) BOX FOR ATTACHMENT <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Kathleen M. Kettle			Manager Name Scott A. Campbell		
Street Address 5 Wolfe Court			Street Address 11 Starflower Court		
City Coventry	State RI	Zip 02816	City Wakefield	State RI	Zip 02879
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND. DO NOT ALTER. Changes require filing of Form 642. R.I.G.L. 7-16-11.					
Agent Name STEPHEN J. DIGIANFILIPPO, ESQ.			Address 50 PARK ROW WEST, SUITE 111		
Address VIEIRA & DIGIANFILIPPO LTD.			City PROVIDENCE	Zip 02903-	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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FILED

File Date: NOV 04 2005

Check No. 1206

By: K M Kettle A 815 80

FOR SECRETARY OF STATE USE ONLY

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.

Kathleen M. Kettle 10/25/05
Signature of Authorized Person Date
Kathleen M. Kettle, Manager
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No 120376		2 Exact name of the limited liability company O. P. REALTY, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 1187 MAIN STREET			City WYOMING	State RI	Zip 02898-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name KATHLEEN M. KETTLE			Contact Title		
Street Address 1187 MAIN STREET			City WYOMING	State RI	Zip 02898-
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name Kathleen M. Kettle			Manager Name Scott A. Campbell		
Street Address 5 Wolfe Court			Street Address 11 Starflower Court		
City Coventry	State RI	Zip 02816	City Wakefield	State RI	Zip 02879
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name STEPHEN J. DIGIANFILIPPO, ESQ.			Address 50 PARK ROW WEST, SUITE 111		
Address			City PROVIDENCE	Zip 02903-	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 2 0 3 7 6

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.

Kathleen M. Kettle 10/22/04
Signature of Authorized Person Date

Kathleen M. Kettle, Manager
Print or Type Name of Authorized Person

120376 DLLC 09/16/04 04:30:38 PM

File Date 12/7/04

Check No 1120

By W

FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903 1335
401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No *120376*		2. Exact name of the limited liability company O. P. REALTY, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island	
5. Principal office address 1287 MAIN STREET		City WYOMING	State RI
			Zip 02898-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Kathleen Kettle		Contact Title	
Street Address 1187 Main Street		City Wyoming	State RI
			Zip 02898
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JOHN S. BRUNERO, JR.		Address 1070 MAIN STREET	
Address		City COVENTRY	Zip 02816-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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File Date <u>8-20-03</u>
Check No <u>1044</u>
By <u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 8/4/03
Signature of Authorized Person Date
KATHLEEN KETTLE
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No *120376*		2. Exact name of the limited liability company O. P. REALTY, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island	
5. Principal office address 1187 MAIN STREET		City WYOMING	State RI
		Zip 02898-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Kathleen Kettle		Contact Title	
Street Address 1187 Main Street		City Wyoming	State RI
		Zip 02898	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (X BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-18-52			
Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• City
Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• City
State		State	
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JOHN S. BRUNERO, JR.		Address 1070 MAIN STREET	
Address		City COVENTRY	Zip 02816-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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File Date 8.20.03

Check No 1044

By [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Kathleen Kettle 8/4/03
Signature of Authorized Person Date

KATHLEEN KETTLE
Print or Type Name of Authorized Person