



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**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: 2021

1. ID No. 000488246

2. Exact Name of the Limited Liability Company O.M. ADMINISTRATION, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

523999

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THE BUSINESS, PURPOSE AND ACTIVITY OF THE COMPANY SHALL BE TO ENGAGE IN
A
FINANCIAL SERVICE BUSINESS AND ANY OTHER BUSINESS WHICH A LIMITED
LIABILITY COMPANY MAY LEGALLY CARRY ON. THE COMPANY SHALL POSSESS
AND
MAY EXERCISE ALL THE POWERS AND PRIVILEGES GRANTED BY THE ACT, ANY
OTHER
APPLICABLE LAW OR BY THIS AGREEMENT, TOGETHER WITH ANY POWERS
INCIDENTAL
THERE TO, SO FAR AS SUCH POWERS AND PRIVILEGES ARE NECESSARY OR
CONVENIENT
TO THE CONDUCT, PROMOTION OR ATTAINMENT OF THE BUSINESS, PURPOSES OR
ACTIVITIES OF THE COMPANY.

5. Principal Office Address

No. and Street: 125 METRO CENTER BOULEVARD #3000

City or Town: WARWICK

State: RI Zip: 02886 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 125 METRO CENTER BOULEVARD #3000

City or Town: CRANSTON

State: RI Zip: 02886 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	CYNTHIA A. O'CONNELL	125 METRO CENTER BOULEVARD # CRANSTON, RI 02886 USA

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

MCLAUGHLINQUINN LLC 148 WEST RIVER STREET, SUITE 1E PROVIDENCE , RI 02904

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

Signed this 3 Day of December, 2021 at 10:24:25 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 CYNTHIA A. OCONNELL
Signature of Authorized Person

Form No. 632
Revised 09/07

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