



**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: February 1 - May 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:** 2023

**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 THERETO, 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: 27 HARBOURSIDE DRIVE

City or Town: MOULTONBORO

State: NH

Zip: 03254

Country: USA

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

Contact Name: CYNTHIA A. O'CONNELL Contact Title: MANAGER

No. and Street: 27 HARBOURSIDE DRIVE

City or Town: MOULTONBORO

State: NH

Zip: 03254

Country: USA

**7. 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

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

**Signed this 18 Day of April, 2023 at 4:09:16 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 CYNTHIA A. O'CONNELL

Signature of Authorized Person

Form No. 632  
Revised 09/07

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