	State of Rhode Island and Prov Office of the Secretar		IS Fee: \$50
	Division Of Business	Services	
	148 W. River Str		
	Providence RI 02904		
HOPE	(401) 222-304	0	
imited Liability Cor	npany		
Innual Report <i>iling Period: September</i>	1 - November 1		
	7-16-66(d), each limited liability compa hin thirty (30) days after the time prescri		
6-66(b&c)) is subject to a			
ANNUAL REPORT YEAF	: <u>2016</u>		
1. ID No. <u>0007947</u>	<u>)0</u>		
2. Exact Name of the L	imited Liability Company Mary O'B	rien, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Using the following NAIC	ARTICLE III S codes, please select the code that be	st describes your busir	ness.
Using the following NAIC		est describes your busir	ness. <u>61</u>
NAICS Code		6	<u>61</u>
NAICS Code	S codes, please select the code that be	6	<u>61</u>
NAICS Code 4. Brief Description of t	S codes, please select the code that be	6	<u>61</u>
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NAICS Code 4. Brief Description of the second stream of the second street: MUSICAL INSTRUC 5. Principal Office Address No. and Street: 63 1	S codes, please select the code that be he Character of the Business Which FION ess	is Actually Conducted	<u>61</u> d in Rhode Island
NAICS Code 4. Brief Description of the second stream of the second str	S codes, please select the code that be he Character of the Business Which FION ess	6	<u>61</u>
NAICS Code 4. Brief Description of the second street MUSICAL INSTRUC 5. Principal Office Address No. and Street: 63 I City or Town: CR.	S codes, please select the code that be he Character of the Business Which FION ess	e: <u>RI</u> Zip: <u>02905</u>	<u>61</u> d in Rhode Island Country: <u>USA</u>
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NAICS Code 4. Brief Description of the second street MUSICAL INSTRUC 5. Principal Office Address No. and Street: 63 Il City or Town: City or Town: CR. 6. Mailing Address of L Contact Name: Contact Name: No. and Street: 63 N City or Town: CR.	S codes, please select the code that be he Character of the Business Which FION ess MASSASOIT AVENUE ANSTON Stat imited Liability Company and Name t Title: MASSASOIT AVENUE INSTON State of Each Manager of the Limited Liabi	e: <u>RI</u> Zip: <u>02905</u> or Title of Contact Pe e: <u>RI</u> Zip: <u>02905</u>	61 d in Rhode Island Country: <u>USA</u> erson: Country: <u>USA</u>
NAICS Code 4. Brief Description of the second street MUSICAL INSTRUC 5. Principal Office Address No. and Street: 63 Il City or Town: Centact Name: Contact Name: Contact Name: Contact Name: No. and Street: 63 N City or Town: CR Contact Name: Contact Name: No. and Street: 63 N City or Town: CR 7. Name and Address of C	S codes, please select the code that be he Character of the Business Which FION ess MASSASOIT AVENUE ANSTON Stat imited Liability Company and Name t Title: MASSASOIT AVENUE INSTON State of Each Manager of the Limited Liabi	e: <u>RI</u> Zip: <u>02905</u> or Title of Contact Pe e: <u>RI</u> Zip: <u>02905</u>	61 d in Rhode Island Country: USA erson: Country: USA icable.

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

JAMES E. KELLEHER, ESQ. 946 CENTERVILLE ROAD WARWICK, RI 02886

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

Signed this 25 Day of October, 2016 at 9:53:32 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 MARY OBRIEN

Signature of Authorized Person

Form No. 632 Revised 09/07

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