



**State of Rhode Island and Providence Plantations  
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:** 2018

**1. ID No.** 000875171

**2. Exact Name of the Limited Liability Company** 32 Carey Street 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.

531311

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

THE PURPOSE AND BUSINESS OF THE LLC IS TO ACQUIRE, DEVELOP, FINANCE, REMEDIATE, CONSTRUCT, REMODEL, REHABILITATE, OPERATE, SELL, MANAGE, AND OTHERWISE DEAL WITH APPROXIMATELY 32,874 SQUARE FEET LAND AND EXISTING BUILDINGS THEREON AND IMPROVEMENTS THERETO, HAVING AN STREET ADDRESS OF 32 CAREY STREET, IN THE CITY AND COUNTY OF NEWPORT, STATE OF RHODE ISLAND (THE "PROPERTY"), AND TO ENGAGE IN ALL ACTIVITIES RELATED TO OR INCIDENTAL THERETO, INCLUDING, WITHOUT LIMITATION, THE PLANNED HABILITATION OF THE PROPERTY INTO APPROXIMATELY THIRTEEN (13) RESIDENTIAL CONDOMINIUM UNITS OF MARKET RATE HOUSING (SUCH FUTURE IMPROVEMENTS SHALL HEREINAFTER BE REFERRED TO AS THE "PROJECT"), OBTAINING FINANCING FOR THE ABOVE PURPOSES, AND MANAGING, SELLING, LEASING, EXCHANGING, TRANSFERRING OR OTHERWISE DISPOSING OF ALL OR ANY PART OF THE PROPERTY OR PROJECT, MORTGAGING ALL OR ANY PART OF THE PROPERTY OR PROJECT AND ANY EXISTING OR FUTURE IMPROVEMENTS THEREON, INVESTING AND REINVESTING ANY FUNDS HELD IN RESERVE PURSUANT TO THE TEIMS OF THIS AGREEMENT, AND DOING ALL ACTS NECESSARY, APPROPRIATE OR INCIDENTAL TO RUNNING THE BUSINESS OF THE LLC.

**5. Principal Office Address**

No. and Street: 800 KELLY WAY  
City or Town: HOLYOKE State: MA Zip: 01040 Country: USA

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

Contact Name: Contact Title:  
No. and Street: OCONNELL DEVELOPMENT GROUP INC.  
800 KELLY WAY  
City or Town: HOLYOKE State: MA Zip: 01040 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	OCONNELL DEVELOPMENT GROUP INC,	800 KELLY WAY HOLYOKE, MA 01040 USA

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

RICHARD N. SAYER 130 BELLEVUE AVENUE NEWPORT , RI 02840

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

**Signed this 29 Day of May, 2019 at 8:44:51 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 JAMES N. SULLIVAN, PRESIDENT  
Signature of Authorized Person

Form No. 632  
Revised 09/07