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HOXSIE KA Form 4	ATHERINE W	7										
November 1	7, 2004											
FORM			SECU	DITIES A	ND EV		NCEC	OMMISSION		PROVAL		
	UNIT	DSIAIL		shington,			INGE C	OMMINISSION	OMB Number:	3235-0287		
Check th if no long subject to Section 1 Form 4 c	ger STAT 16. or	EMENT O	Expires: Estimated a burden hour response	0								
Form 5 obligatio may cont <i>See</i> Instr 1(b).	ns Section	17(a) of the	Public U		ding Cor	npan	y Act of	e Act of 1934, 1935 or Sectior 0	1			
(Print or Type]	Responses)											
HOXSIE KATHERINE W Symbo				r Name and INGTON			ng	5. Relationship of Reporting Person(s) to Issuer				
				ORP INC				(Check all applicable)				
(Month/				ate of Earliest Transaction nth/Day/Year)				XDirector Officer (give t below)		Owner r (specify		
GMC TRU	IE BUICK, PC CK INC, 100 (.O. BOX 355		11/16/2	.004				·				
	Filed(Month/Day/Year) Applicable Li					Applicable Line) _X_ Form filed by O	Joint/Group Filing(Check y One Reporting Person					
WESTERL	Y, RI 02891							Form filed by M Person	ore than One Rep	porting		
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities Acq	uired, Disposed of,	, or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ar) Executio any		a Date, if Transaction(A) or Disposed of (D) Securi Code (Instr. 3, 4 and 5) Benefi (ay/Year) (Instr. 8) Owned (A) Report (A) Transa			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	11/16/2004			М	2,500	А	ъ 6.7407	16,170	D			
Common Stock	11/16/2004			F	593	D	\$ 28.41	15,577	D			
Common Stock								36,982	Ι	By Trust		
Common Stock								92,203	I	Joseph J. Kirby (spouse)		

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	Secur Acqu (A) o	rivative ities ired r osed of . 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (Right to buy)	\$ 12.1667						04/29/1998	04/29/2007	Common Stock	1,688
Stock Options (Right to buy)	\$ 15.5						04/25/2001	04/25/2010	Common Stock	2,000
Stock Options (Right to buy)	\$ 17.85						04/24/2002	04/24/2011	Common Stock	2,000
Stock Options (Right to buy)	\$ 19.5						04/27/2000	04/27/2009	Common Stock	1,688
Stock Options (Right to buy)	\$ 20.23						04/23/2003	04/23/2012	Common Stock	2,000
Stock Options (Right to buy)	\$ 20.62						04/29/2006	04/29/2013	Common Stock	2,000
Stock Options	\$ 21.3333						04/28/1999	04/28/2008	Common Stock	1,688

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(Right to buy)									
Stock Options (Right to buy)	\$ 27.56				04/27/2007	04/27/2014	Common Stock	2,000	
Stock Options (Right to buy)	\$ 6.7407	11/16/2004	М	2,500	04/25/1995	04/25/2005	Common Stock	2,500	\$

Reporting Owners

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
HOXSIE KATHERINE W C/O HOXSIE BUICK, PONTIAC, GMC TRU 100 GRANITE STREET, P.O. BOX 355 WESTERLY, RI 02891	CK INC	X					
Signatures							
David V. Devault EVP, Treas, CFO-POA	11/17/2004	4					
**Signature of Reporting Person	Date						

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.