



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2006

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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.

1. ID No. 135091		2. Exact name of the limited liability company Gemini Group L.L.C.	
3. State of Formation NORTH CAROLINA		4. Brief description of the character of the business which is actually conducted in Rhode Island CONSULTING	
5. Principal office address 271 WAVERLEY OAKS ROAD - SUITE 203		City WALTHAM	State MA
		Zip 02452	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MICHAEL KEEGAN		Contact Title	
Street Address 271 WAVERLEY OAKS ROAD - SUITE 203		City WALTHAM	State MA
		Zip 02452	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name OCEAN STATE BUSINESS SERVICE		Address 221 KILVERT STREET	
Address		City WARWICK	Zip 02886

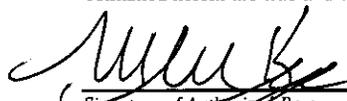
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 CORPORATIONS DIV

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

135091

FILED	
File Date	SEP 18 2007
Check No.	By 037091 10:25
By:	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.


 Signature of Authorized Person

8-14-07
 Date

Michael Keegan
 Print or Type Name of Authorized Person