



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

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

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

**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 <b>DO NOT LIST MEMBERS</b> 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	State	Zip
City			City		
State	Zip	State	Zip		
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	State	Zip 02886

2007 SEP 18 AM 10:25  
 CORPORATIONS DIV  
 R.I.G.L. 7-16-11

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

**135091**

**FILED**  
SEP 18 2007  
By 037091  
10:25

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.

*Michael Keegan*      9-17-07  
Signature of Authorized Person      Date  
**Michael Keegan**  
Print or Type Name of Authorized Person

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
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