



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 134400		2. Exact name of the limited liability company Blaze Business Solutions, LLC.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MANAGEMENT CONSULTING			
5. Principal office address 34 D Smith Lane		City Hope Valley	State RI	Zip 02832	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Joanne T. Birkett			Contact Title Managing Partner		
Street Address 34 D Smith Lane		City Hope Valley	State RI	Zip 02832	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Joanne T. Birkett			Manager Name		
Street Address 34 D Smith Lane			Street Address		
City Hope Valley	State RI	Zip 02832	City	State	Zip
Manager Name James T. Birkett			Manager Name		
Street Address 34 D Smith Lane			Street Address		
City Hope Valley	State RI	Zip 02832	City	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 JOANNE T. BIRKETT			Address		
Address 34D SMITH LANE		City HOPE VALLEY	Zip 02832-1938		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	10/13/05	*134400*
Check No.	1052	
By:	CXC	
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.

Joanne T. Birkett **10-11-05**
Signature of Authorized Person Date
Joanne T. Birkett
Print or Type Name of Authorized Person