

Address

130 TUCKERMAN AVENUE

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

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

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

• Filing Fee: \$50.00 iling Period: September 1 - November 1 FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liability company I. ID No. TNF LLC 130701 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation **BUSINESS CONSULTING SERVICES** RHODE ISLAND State 5. Principal office address Cin 02152 LANE ΔI BEDFORD NORTH KINGSTOWN 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Registered Agent State Zip 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name Street Address Street Address City State City Manager Name Street Address Street Address State ZipCity City State 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 THOMAS C. WIGAND, ESQ. Zip City

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

MIDDLETOWN

File Date	10	27/05	*130701*		
Check No		1139		_	
Ву:	: .	POV		_	
F	OR SEC	RETARY 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.

02842-

Den	Sug .	10/26/2005	
Signature of Authorized Person	/	Date	

THOMAS C- WIFAND ESQ

Print or Type Name of Authorized Person