



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. 140901		2. Exact name of the limited liability company NOVA Recovery Group, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CONSULTING	
5. Principal office address 300 CENTERVILLE ROAD, SUITE 205 WEST		City WARWICK	State RI
		Zip 02886	
6. CONTACT INFORMATION OF LIMITED LIABILITY COMPANY			
Contact Name RICHARD NICHOLSON		Contact Title MEMBER	
Street Address 300 CENTERVILLE ROAD, SUITE 205 WEST		City WARWICK	State RI
		Zip 02886	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY			
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
Manager Name			*Manager Name
Street Address		*Street Address	
City	State	Zip	*City
		State	
		Zip	
8. RESIDENT AGENT INFORMATION			
Agent Name RICHARD W. NICHOLSON		Address	
Address 300 CENTERVILLE ROAD, SUITE 205 WEST		City WARWICK	Zip 02886

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



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File Date	11-09-05
Check No.	2001
By	14P
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

11/8/05
Date

RICHARD NICHOLSON
Print or Type Name of Authorized Person