

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 02903-1535 401.222.3040

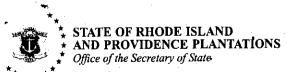
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ___ Filing Period: September 1 - November 1 • Filing Fee: \$50.00

FORM MUST BE TYPE	ED OR PRINT	TED IN BLACK)				
1. ID No.	1	name of the limited lial	vility company	·		
127703	The Ol	Oliver Group, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island				
3. State of Formation				s which is actually conducted in Rhode .	Island	
RHODE ISLAND		COMPPUTER SE	RVICES	·		
5. Principal office add	ress	•	0	City	State,	Zψ
595	GRE	EVHAVEN	(NOE)	PANLA TICK		06372
6. MAILING ADD	RESS OF L	IMITED LIABILITY	Y COMPANY AND NA	ME OR TITLE OF CONTACT P	ERSON:	
Contact Name				Contact Title	محصور	•
	301	ECK		City PAUS ARCIC		
Street Address	. ,		2	City 2	State	Zip
575	03	BUMIN	130.20	PAWEARCE	e/-	06379
7. NAME AND AD	DRESS OF	EACH MANAGER	OF THE LIMITED LI	ABILITY COMPANY, IF APPLI	CABLE	
	NV MODE			TACHMENTS ("X" BOX FOR FILING OF AMENDMENT, R.I.		/ 7-16-52
	MI MODI	FICATIONS TO MA	CARIOVAN ENADRANA	:	.G.L. /-10-12 (a) (2)	/ /-10-52
Manager Name	, , , ,	12	7	Manager Name	e Eziki eta	• •
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Manager Name				Manager Name		
Street Address				Street Address		
City		State	Zip	City	State	Zip
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	ENT IN RH	ODE ISLAND - DO	NOT ALTER - Chang	ges require filing of Form 64	2 - R.I.G.L. 7-16-11	
Agent Name	_		/	Address		
ADLER POLLOCK	& SHEEHAN	I P.C.				
Address	_			City	Zip	
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	~	Ac.	202) Y CUL	(0)	- 10 10 ROCS	· · · · · · · · · · · · · · · · · · ·
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				NEW	600000 N.	C /
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

File Date	11.09.05 +127703+	
Check No.	<u> </u>	
Ву:	W	
	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affir including any accompanying schedules and contained herein are true and correct.	
	9.6.05
Signature of Authorized Person	Date
Print or Type Name of Authorized Person	· · · · · · · · · · · · · · · · · · ·



FOR SECRETARY OF STATE USE ONLY

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 2004

	PED OR PRINTED IN BI	ACK)			
1. ID No. 127703	2. Exact name of the la THE OLIVER	imited liabilty company	•		
3. State of Formation	4 Rrief descr	intion of the character of th	e business which is actually conducted in	n Rhode Island	·
RI		OMPURAL			
5. Principal office ad	dress		City	State	Zip
595 Green	haven Road		Pawcatuck	CT	06379
Participate in Temperature and Armedia Programme and Factoria	DRESS OF LIMITEI	DLIABILITY COMP	ANY AND NAME OR TITLE O	OF CONTACT PE	RSON:
Contact Name Brian Oli	****		Contact Title		
	vei.		Member:	State	Zip
Street Address 595 Green	haven Road		Pawcatuck	СТ	06379
		MANACER OF THE	LIMITED LIABILITY COMP	and the second s	
	FILL IN	SPACES BEFORE USIN	G ATTACHMENTS ("X" BOX FO	RATEACHMENT) 🗆	
	ANY MODIFICATION	IS TO MANAGERS REQI	UIRES FILING OF AMENDMENT. R.	LG.L 7-16-12 (a) (2)	7-16-52
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Street Address			• Street Address		
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City	State	Zip	*City	State	Zip
Manager Name			Manager Name		
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Street Address			•Street Address		
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City	State	Zip	City	State	Zip
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			hanges require filling of Fo	rm 642 - R.I.GL.7	16-11
Adler Pol	lock & Sheehan	P.C.	2300 Financia	l Plaza	r
·			City		ip
Address			Frovidence ,	RI	″ 029 <u>0</u> 3
fg	<u> </u>				10
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					-4 (6)
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his report must	be signed in ink by	an authorized person	pursuant to 7-16-66.		
			•		
					irm that I have examined
			this report, including and that all statement		chedules and statements,
	en en .		and that all statement	is contained herein ar	e true and correct.
	FILED		1/		May (17 2005
File Date					עסטין אסטין
File Date	HIM O O DAGE			1.0	
File Date	JUN 02 2005		Signature of Authorized	l Person	Date
File Date	1UN 02 2005			Person	



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company THE OLIVER GROUP, LLC *I. ID №.* 127703 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation RISERVICES COMPUTER State 5. Principal office address 595 Greenhaven Road CT 06379 Pawcatuck 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name Brian Oliver Member City State ZipStreet Address 06379 · Pawcatuck 595 Greenhaven Road 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.L.G.L.7-16-12 (a) (2) / 7-16-52 · Manager Name Manager Name Street Address Street Address Zip State City City State Manager Name Manager Name •Street Address Street Address State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filling of Form 642 - R.I.G.L. 7-16-11 Adler Pollock & Sheehan P.C. 2300 Financial Plaza Address 02903 Providence, RI fg

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

File Date	FILED
Check No.	JUN 02 2005
B <u>y:</u>	By M 68086
FOR SECRE	TARY 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.

1____

May 洮 2005

Signature of Authorized Person

Date

BRIAN OLIVER, MEMBER

Print or Type Name of Authorized Person