



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. 127703		2. Exact name of the limited liability company The Oliver Group, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island COMPUTER SERVICES	
5. Principal office address 595 GREENHAWK ROAD		City PAWNAWK	State CT
		Zip 06379	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DAVID ECK		Contact Title PRESIDENT	
Street Address 595 GREENHAWK ROAD		City PAWNAWK	State CT
		Zip 06379	
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 BRIAN OLIVER		Manager Name JOHN FELICETTI	
Street Address AUGUST MEADOWS ROAD		Street Address 56 OLIVE RIDGE	
City LELYAND	State CT	Zip 06339	City CHARLESTON
			State RI
			Zip 02813
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	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 ADLER POLLOCK & SHEEHAN P.C.		Address	
Address 2300 FINANCIAL PLAZA		City PROVIDENCE	Zip 02903

NEW LONDON, CT

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.	2336	
By:	UP	
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 **[Signature]** Date **9-6-05**
Print or Type Name of Authorized Person **David Eck**



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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004


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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island COMPUTER SERVICES	
5. Principal office address 595 Greenhaven Road		City Pawcatuck	State CT
		Zip 06379	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Brian Oliver		Contact Title Member	
Street Address 595 Greenhaven Road		City Pawcatuck	State CT
		Zip 06379	
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		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Adler Pollock & Sheehan P.C.		Address 2300 Financial Plaza	
Address fg		City Providence , RI	Zip 02903

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

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  Date May 7 2005
Brian Oliver, Member
Print or Type Name of Authorized Person

File Date	FILED
Check No.	JUN 02 2005
By:	By M 68086 GAN
FOR SECRETARY OF STATE USE ONLY	



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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
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2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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


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Agent Name Adler Pollock & Sheehan P.C.		Address 2300 Financial Plaza	
Address fg		City Providence, RI	Zip 02903

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

FILED	
File Date	JUN 02 2005
Check No.	
By:	By M 69086
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  Date May 27 2005
BRIAN OLIVER, MEMBER
Print or Type Name of Authorized Person