



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. 125604		2. Exact name of the limited liability company Central Financial Services, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island FINANCIAL SERVICES			
5. Principal office address 1005 Douglas Pike		City Smithfield	State RI	Zip 02917-1206	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DANIEL J. O'BRIEN		Contact Title TREASURER			
Street Address 1005 Douglas Pike		City Smithfield	State RI	Zip 02917-1206	
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 DANIEL J. O'BRIEN		*Manager Name			
Street Address 1005 Douglas Pike		*Street Address			
City Smithfield	State RI	Zip 02917-1206	*City	*State	*Zip
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 DANIEL J. O'BRIEN		Address			
Address 1005 Douglas Pike		City Smithfield		Zip 02917-1206	

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



1 2 5 6 0 4

FILED	
File Date	NOV 01 2005
Check No.	By M81235
By:	
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 9/1/05
DANIEL J. O'BRIEN
Print or Type Name of Authorized Person



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 125604		2. Exact name of the limited liability company Central Financial Services, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island FINANCIAL SERVICES			
5. Principal office address 693 Broad Street		City Central Falls	State RI	Zip 02863	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Daneil J. O'Brien		Contact Title Treasurer			
Street Address 693 Broad Street, P.O. Box 206		City Central Falls	State RI	Zip 02863	
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 Daniel J. O'Brien		Manager Name			
Street Address 693 Broad Street		Street Address			
City Central Falls	State RI	Zip 02863	City	State	Zip
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 DANIEL J. O'BRIEN			Address		
Address 693 BROAD STREET			City CENTRAL FALLS	Zip 02863	

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



File Date	9/27/04
Check No.	26941
By:	DA
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.

Daniel J. O'Brien 9/17/04
Signature of Authorized Person Date
DANIEL J. O'BRIEN
Print or Type Name of Authorized Person



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 125604		2. Exact name of the limited liability company Central Financial Services, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Financial Services	
5. Principal office address 693 Broad Street		City Central Falls	State RI
		Zip 02863	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Daniel J. O'Brien		Contact Title Treasurer	
Street Address 693 Broad Street PO Box 206		City Central Falls	State RI
		Zip 02863	
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 Daniel J. O'Brien		• Manager Name .	
Street Address 693 Broad Street		• Street Address .	
City Central Falls	State RI	Zip 02863	• City .
Manager Name .		• Manager Name .	
Street Address .		• Street Address .	
City .	State .	Zip .	• City .
Manager Name .		• Manager Name .	
Street Address .		• Street Address .	
City .	State .	Zip .	• City .
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Daniel J. O'Brien		Address	
Address 693 Broad Street		City Central Falls	Zip 02863

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



1 2 5 6 0 4

File Date	9.24.03
Check No.	23653
By:	2
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 9/11/03
DANIEL J. O'BRIEN
Print or Type Name of Authorized Person