

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) 2. Exact name of the limited liabilty company 1. ID No. 125604 Central Financial Services, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island FINANCIAL SERVICES RHODE ISLAND State 5. Principal office address Cin Zip 1005 Douglas Pike Smithfield RI 02917-1206 6. MAILING ADDRESS_OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title TREASURER DANIEL J. O'BRIEN Street Address City State 1005 Douglas Pike .Smithfield RI 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) \square ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name ·Manager Name DANIEL J. O'BRIEN Sirect Address Street Address 1005 Douglas Pike State State ·City Zip City Zip 02917-1206 Smithfield RI Manager Name Manager Name Street Address ·Sircei Address City City State State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address Ageni Name DANIEL J. O'BRIEN Address Smithfield 1005 Douglas Pike 02917-1206

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



File Date	FILED
Check No.	NOV 0 1 2005
Ву:	By_M810135
FOR SECRE	TARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that chave examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

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

	2. Exact name of the limited liability company Central Financial Services, LLC					
3. State of Formation RHODE ISLAND	4. Brief descriptio	•	ess which is actually conducted in Rhode Isla	nnd		
5. Principal office address			City	State	Zιp	
693 Broad S 6. MAILING ADDRESS		LITY COMPANY AND N	Central Falls	RI RSON:	02863	
Contact Name			Contact Title			
<u>, Daneil J. O</u>	'Brien		Treasurer			
Street Address			City	State	Zip	
	S OF EACH MANAC FILL IN SPA	GER OF THE LIMITED I	Central Falls LIABILITY COMPANY, IF APPLICA TACHMENTS ("X" BOX FOR A	TTACHMENT)		
ANY MODIFICATIONS TO MANAGERS REQUIRES F			S FILING OF AMENDMENT, R.I.G. Manager Name	H.ING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 **Manager Name**		
Daniel J. O	'Brien					
Street Address			Street Address			
693 Broad S	treet					
			: City	State	T	
	State	ZΨ	: cu).	- ' -	Zφ	
	I -	02863	Gay		Zφ	
City	I -	·	Manager Name		Zιp	
City Central Fal Manager Name	I -	·				
Chy Central Fal	I -	·	Manager Name	State	Zip Zip	
City Central Fal Manager Name Sireet Address City	ls RI	02863 Zip	Manager Name Street Address		Zip	
City Central Fal Alanager Name Street Address City 8. RESIDENT AGENT IS Agent Name	ls RI	02863 Zip	Manager Name Street Address Gity nges require filing of Form 642		Zip	

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

٠.	4	2	c .	_	Λ.	,	

File Date	9/27/04		
Check No.	26941		
Ву:	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.

Many pro

Date 9/17/04

DAMEL J. OBRIEN



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 TYPE	D OK PRINTED IN BL	4CK)					
1. ID No.	Exact name of the limited liability company Central Financial Services, LLC						
125604		·					
3. State of Formation			business which is actually conducted in	Khode Island			
Rhode Island	Pinancia	Services					
5. Principal office address			City	State	Zip		
693 Broad Stre	eet		Central Falls	RI	02863		
	ESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE O	P CONTACT F	ERŞON:		
Contact Name			Contact Title				
Daniel J. O'Brien		.Treasurer					
Street Address			City	State	Zip		
693 Broad Stre	et PO Box 206	5	.Central Falls	RI	02863		
7. NAME AND ADD			IMITED LIABILITY COMPA			,	
		PACES BEFORE USING	·	RATTACHMENT	-	4.	
	ANY MODIFICATIONS	TO MANAGERS REQUI	RES FILING OF AMENDMENT. R.L.	G.L 7-16-12 (a) (2) / 7-16-52		
Manager Name			· Manager Name	• Manager Name			
Daniel J. O'Brien			•				
Street Address			*Sireei Address	· Sireel Address			
693 Broad Stre	et		•				
City	State	Zip	*City	State	Zip	-	
Central Falls	RI	02863	•]		
Manager Name			Manager Name				
0. 411			•				
Street Address			•Sireet Address •				
Cin _y	State	Zıp	City	State	Zip		
			• 				
	T IN RHODE ISLAN	D-DO NOT ALTER- Ch	anges require filing of For	m 642 - R.I.G.I	7-16-11		
Agent Name		Address	Address				
Daniel J. O'Brien							
Address			City	City Zip			
693 Broad Street			Central Falls	Central Falls 02863			
				-			

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



File Date	9.24.03		
Check No.	23653		
B _{Y:}	aı		
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. Print or Type Name of Authorized Person