

Corporations Division 100 North Main Street Providence, RI 02903-1335 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 TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liability company 1. ID No. 142006 BlueWave Consulting L.L.C. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **RHODE ISLAND** 5. Principal office address 2 Coeceshall Circle Middleton R١ 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title State RS 02842 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 A#A Street Address Street Address State State Ζφ City Manager Name Manager Name Street Address Street Address State State Ζip Zφ 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address HAMISH J. TURNER Address Zip 2 COGGESHALL CIRCLE MIDDLETOWN 02842-

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 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
File Date 7/3//06 *142006* Check No. 1057	Contained herein are true and correct. Tolo 06 Signature of Authorized Person Date Hamist J Turner Print or Type Name of Authorized Person
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