



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. 123007		2. Exact name of the limited liability company Bentley Wealth Advisors, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROMOTING BUSINESS SERVICES			
5. Principal office address 301 METRO CENTER BLVD.		City WARWICK	State RI	Zip 02886-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name THOMAS N FORSYTHE			Contact Title Member		
Street Address 301 METRO CENTER BLVD		City WARWICK	State RI	Zip 02886-	
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 Harold E. Briggs, Jr.		*Manager Name			
Street Address 301 Metro Center Blvd		*Street Address			
City Warwick	State RI	Zip 02886	City	State	Zip
*Manager Name		*Street Address			
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 EDWARD D. FELDSTEIN		Address 10 WEYBOSSET STREET, 8TH FLOOR			
Address		City PROVIDENCE		Zip 02903-	

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



1 2 3 0 0 7

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.

File Date 9/14/05
Check No. 232
By: AMF
FOR SECRETARY OF STATE USE ONLY

Thomas N. Forsythe 9/12/05
Signature of Authorized Person Date
Thomas N. Forsythe
Print or Type Name of Authorized Person



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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 RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROMOTING BUSINESS SERVICES			
5. Principal office address 301 METRO CENTER BLVD.		City WARWICK	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name THOMAS N FORSYTHE			Contact Title .		
Street Address 301 METRO CENTER BLVD		City WARWICK	State RI	Zip 02886	
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 Harold E. Briggs, Jr.		. Manager Name .			
Street Address 128 Dorrance Street		. Street Address .			
City Providence	State RI	Zip 02903	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 EDWARD D. FELDSTEIN		Address 10 WEYBOSSET STREET, 8TH FLOOR			
Address .		City PROVIDENCE		Zip 02903	

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



1 2 3 0 0 7

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.

Thomas N. Forsythe 9/10/04
Signature of Authorized Person Date

Thomas N. Forsythe
Print or Type Name of Authorized Person

FILED	
File Date	SEP 17 2004
Check No.	
By:	By <u>m44932</u>
FOR SECRETARY OF STATE USE ONLY	



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 123007		2 Exact name of the limited liability company Bentley Wealth Advisors, LLC			
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island Promoting Business Services			
5 Principal office address 301 Metro Center Blvd.			City Warwick	State RI	Zip 02886
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Thomas N. Forsythe			Contact Title Member		
Street Address 301 Metro Center Blvd.			City Warwick	State RI	Zip 02886
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 Harold E. Briggs, Jr.			Manager Name		
Street Address 128 Dorrance Street			Street Address		
City Providence	State RI	Zip 02903	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 EDWARD D. FELDSTEIN			Address		
Address 10 WEYBOSSET STREET, 8TH FLOOR			City PROVIDENCE	Zip 02903	

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 contained herein are true and correct.

File Date 10/3/03
Check No 0812
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Thomas N. Forsythe 9/10/03
Signature of Authorized Person Date
THOMAS N. FORSYTHE
Print or Type Name of Authorized Person