



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. 97807		2. Exact name of the limited liability company ROBERT B. WHEELER & ASSOCIATES, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MANAGEMENT CONSULTING, TRAINING AND COMPUTER SYSTEMS			
5. Principal office address 215 Rolling Hill Road		City Portsmouth	State RI	Zip 02871	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Robert B. Wheeler			Contact Title President		
Street Address PO Box 809		City Portsmouth	State RI	Zip 02871	
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 Robert B. Wheeler			Manager Name		
Street Address 215 Rolling Hill Rd.			Street Address		
City Portsmouth	State RI	Zip 02871	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 ROBERT B. WHEELER			Address 		
Address 215 ROLLING HILL ROAD		City PORTSMOUTH	Zip 02871-		

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



File Date	9/6/05	*97807*
Check No.	1166	
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.

9/1/05
Signature of Authorized Person Date
ROBERT B. WHEELER
Print or Type Name of Authorized Person



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. 97807		2. Exact name of the limited liability company ROBERT B. WHEELER & ASSOCIATES, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MANAGEMENT CONSULTING, TRAINING AND COMPUTER SYSTEMS			
5. Principal office address 215 Rolling Hill Road		City PORTSMOUTH	State RI	Zip 02871	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBERT B. WHEELER			Contact Title PRESIDENT		
Street Address PO Box 869		City PORTSMOUTH	State RI	Zip 02871	
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 ROBERT B WHEELER			Manager Name		
Street Address 215 Rolling Hill Rd			Street Address		
City PORTSMOUTH	State RI	Zip 02871	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 ROBERT B. WHEELER			Address		
Address 215 ROLLING HILL ROAD			City PORTSMOUTH	Zip 02871-	

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



* 9 7 8 0 7 *

File Date	<u>12/17/04</u>
Check No.	<u>1126</u>
By:	<u>DA</u>
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.

Robert B. Wheeler 1 December 2004
Signature of Authorized Person Date
ROBERT B. WHEELER
Print or Type Name of Authorized Person



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. 97807		2. Exact name of the limited liability company ROBERT B. WHEELER & ASSOCIATES, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MANAGEMENT CONSULTING, TRAINING AND COMPUTER SYSTEMS			
5. Principal office address 215 ROLLING HILL RD			City PORTSMOUTH	State RI	Zip 02871
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBERT B WHEELER			Contact Title PRESIDENT		
Street Address PO BOX 969			City PORTSMOUTH	State RI	Zip 02871
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 ROBERT B WHEELER			Manager Name		
Street Address 215 Rolling Hill Rd			Street Address		
City PORTSMOUTH	State RI	Zip 02871	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 ROBERT B. WHEELER			Address		
Address 215 ROLLING HILL ROAD			City PORTSMOUTH	Zip 02871-	

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



* 9 7 8 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 11/7/03 ✓
Check No. 1018
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

[Signature] 11/1/03
[Signature] 9/10/03
Signature of Authorized Person Date
ROBERT B WHEELER
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 97807		2. Exact name of the limited liability company ROBERT B. WHEELER & ASSOCIATES, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MANAGEMENT CONSULTING, TRAINING AND COMPUTER SYSTEMS	
5. Principal office address 215 ROLLING HILL RD.		City PORTSMOUTH	State RI
		Zip 02871	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ROBERT B WHEELER		Contact Title PRESIDENT	
Street Address PO BOX 869		City PORTSMOUTH	State RI
		Zip 02871	
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 ROBERT B. WHEELER		Manager Name BARBARA V. WHEELER	
Street Address 215 ROLLING HILL RD		Street Address SAME	
City PORTSMOUTH	State RI	City PORTSMOUTH	State RI
Zip 02871		Zip 02871	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 ROBERT B. WHEELER		Address	
Address 16 LAWTON BROOK LANE		City PORTSMOUTH	Zip 02871

RECEIVED STATE SECRETARY OF STATE
SEP 5 2 09 PM '02

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



FILED

File Date _____

Check No. **SEP 05 2002**

By: **By [Signature]**

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] 9/4/02
Signature of Authorized Person Date

ROBERT B WHEELER
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 97807

Annual Report for the year 2001

1. The name of the limited liability company is:

ROBERT B. WHEELER & ASSOCIATES, LLC

2. The address of the principal office of the limited liability company is:

16 LAWTON BROOK LANE PORTSMOUTH RI 02871

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: ROBERT B. WHEELER

16 LAWTON BROOK LANE PORTSMOUTH RI 02871-

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: ROBERT B WHEELER

PO BOX 869
PORTSMOUTH RI 02871

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: MANAGEMENT CONSULTING, TRAINING & COMPUTER SYSTEMS

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>ROBERT B Wheeler</u>	<u>16 LAWTON BROOK LANE PORTSMOUTH RI 02871</u>
<u>BARBARA V WHEELER</u>	<u>SAME</u>

Dated 24 SEPTEMBER 2001

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.



9 7 8 0 7

ROBERT B. WHEELER & ASSOCIATES
Exact Name of Limited Liability Company

By Robert Wheeler
PRESIDENT Title

FOR SECRETARY OF STATE USE ONLY
 File Date: 9-26-01
 Check No.: 1541
2

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number 97807

Annual Report for the year 2000

- The name of the limited liability company is:
ROBERT B WHEELER & ASSOCIATES
- The address of the principal office of the limited liability company is:
16 LAWTON BROOK LANE PORTSMOUTH RI 02871
- The state or other jurisdiction under the laws of which it is formed is: RI
- The name and address of its resident agent is: ROBERT B. WHEELER
16 LAWTON BROOK LANE PORTSMOUTH RI 02871
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: ROBERT B WHEELER
PO BOX 869
PORTSMOUTH RI 02871
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: MANAGEMENT CONSULTING, TRAINING & COMPUTER SYSTEMS
- If the limited liability company has managers, list the name and address of each manager:

Name	Address
<u>ROBERT B WHEELER</u>	<u>16 LAWTON BROOK LANE PORTSMOUTH RI</u>
<u>BARBARA V. WHEELER</u>	<u>SAME 02871</u>

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.

Date: 16 MAY 2001

ROBERT B WHEELER & ASSOCIATES
Exact Name of Limited Liability Company

5-22-01
CU# 1507

By [Signature]
PRESIDENT
Title



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number 97807

Annual Report for the year 1999

- 1. The name of the limited liability company is: ROBERT B WHEELER & ASSOCIATES
2. The address of the principal office of the limited liability company is: 16 LAWTON BROOK LANE PORTSMOUTH RI 02871
3. The state or other jurisdiction under the laws of which it is formed is: RI
4. The name and address of its resident agent is: ROBERT B WHEELER 16 LAWTON BROOK LANE PORTSMOUTH RI 02871
5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: ROBERT B WHEELER PO BOX 869 PORTSMOUTH RI 02871
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: MANAGEMENT CONSULTING, TRAINING and COMPUTER SYSTEMS
7. If the limited liability company has managers, list the name and address of each manager: ROBERT B WHEELER 16 LAWTON BROOK LANE PORTSMOUTH RI 02871 BARBARA V WHEELER SAME

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.

Date: 1 May 2000 PAID

ROBERT B WHEELER & ASSOCIATES
Exact Name of Limited Liability Company

MAY 09 2000
SECY OF STATE
1385

By: [Signature]
President
Title

* Change of address filed 8 MAY 2000 From "106 Hillman St" To "16 LAWTON BROOK LANE"

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number LL 97807

Annual Report for the year 1998

1. The name of the limited liability company is:

ROBERT B. WHEELER & ASSOCIATES, LLC

2. The address of the principal office of the limited liability company is:

See # 4 below

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: ROBERT B. WHEELER

106 HOLMAN STREET PORTSMOUTH, RI 02871

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Same

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Training / Consulting

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated 4 Oct, 19 98



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.

ROBERT B WHEELER & ASSOCIATES
Exact Name of Limited Liability Company

By Robert B Wheeler
President

Title

FOR SECRETARY OF STATE USE ONLY
File Date: 10-20-98
Check No.: 1218
By: [Signature]

Form No. LLC-19
Revised 8/97