

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 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 121508 Baystate Financial Services, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTING ADVISING **MASSACHUSETTS** 5 Principal office address State City  $Z_{ip}$ ONE EXETER PLAZA BOSTON MA 02116 6. MAILING ADDRESS OF LIMITED LIABILITY DONAME OR THTLE OF CONTACT PERSON Contact Name Contact Title DAVID C PORTER Street Address City State Zip ONE EXETER PLAZA BOSTON MA 02116 T. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY

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WHEN THE PROPERTY OF THE GOMPANY, IF APPLICABLE ? BOXFOR ATTACHMENT; [3] ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT Manager Name · Manager Name None Street Address · Street Address City State Zip City State Zip Manager Name Manager Name Street Address Street Address City State Zıp State Zip 88R SIDENEAGENTANRHODE ISLANDE DO NOTAUTER Changes troquite filling to fill 642 - rei ci se tener Agent Name MARGARET D. FARRELL 1500 FLEET CENTER Address City Zip PROVIDENCE 02903

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





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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.

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Signature of Althorized Person



Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RJ 02903-1335
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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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) 2. Exact name of the limited liabilty company 121508 Baystate Financial Services, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTING ADVISING MASSACHUSETTS 5. Principal office address City State Zip ONE EXETER PLAZA **BOSTON** MA 02116 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title DAVID C. PORTER Street Address State Zip ONE EXETER PLAZA . BOSTON MA 02116 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 · Manager Name None Street Address · Street Address City State Zip City Zip Manager Name Manager Name Street Address ·Street Address City State Cin Zip State 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. Address MARGARET D. FARRELL 1500 FLEET CENTER Address Ciry Zip PROVIDENCE 02903 This report must be signed in ink by an authorized person pursuant to 7-16-66. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, \*121508 FLLC 09/22/03 03:02:31 PM\* and that all statements contained herein are true and correct. File Date\_ Check No. Signature of Authorized Person Margaret D. Farrell Print or Type Name of Authorized Person FOR SECRETARY OF STATE USE ONLY



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

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1. ID No. *121508*	2. Exact name of the l	ystate Financial Services, LLC						
3. State of Formation	4. Brief descri	ption of the character of	the business which is actually condu	icted in Rhode Island	<del></del>			
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5. Principal office add ONE EXETER P			City BOSTON	State MA	Zip 02116			
6. MAILING ADI Contact Name David C. Por		LIABILITY COM	PANY AND NAME OR TIT	LE OF CONTACT PE	RSON:			
Street Address			City	State	Zip			
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City	- Ic	1	<u> </u>					
c.i.y	State	Zip	City	State	Zip			
Manager Name	• • • • • • • • • •		Manager Name					
Street Address		·	·Sireet Address					
City	State	Zip	City	State	Zip			
8. RESIDENT AGE	NT IN RHODE ISLAN	D -DO NOT ALTER- C	hanges require filing o	f Form 642 - R.I.G.L. 7	·-16-11			
MARGARET D.	FARRELL		1500 FLEET C	ENTER				
Address		City						
		PROVIDENCE		02903-				

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

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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.

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Signature of Authorized Per	rson Date			

Margaret D. Farrell
Print or Type Name of Authorized Person