



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. 121508		2. Exact name of the limited liability company Baystate Financial Services, LLC	
3. State of Formation MASSACHUSETTS		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTING ADVISING	
5. Principal office address ONE EXETER PLAZA		City BOSTON	State MA Zip 02116
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name DAVID C PORTER		Contact Title .	
Street Address ONE EXETER PLAZA		City BOSTON	State MA Zip 02116
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE 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 None		Manager Name .	
Street Address .		Street Address .	
City .	State .	Zip .	City .
Manager Name .		Manager Name .	
Street Address .		Street Address .	
City .	State .	Zip .	City .
8. RESIDENT AGENT IN RHODE ISLAND. DO NOT ALTER. Changes require filing of Form 642, R.I.G.L. 7-16-11.			
Agent Name MARGARET D. FARRELL		Address 1500 FLEET CENTER	
Address .		City PROVIDENCE	Zip 02903

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



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121508 FLLC 09/23/05 11:25:30 AM	
File Date	9/28/05
Check No.	
By	JMD
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.

Margaret D. Farrell 9-26-05
Signature of Authorized Person Date
Margaret D. Farrell
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
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100 North Main Street, Providence, RI 02903-1335
401.222.3040

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. 121508		2. Exact name of the limited liability company Baystate Financial Services, LLC	
3. State of Formation MASSACHUSETTS		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTING ADVISING	
5. Principal office address ONE EXETER PLAZA		City BOSTON	State MA Zip 02116
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DAVID C. PORTER		Contact Title	
Street Address ONE EXETER PLAZA		City BOSTON	State MA Zip 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 None		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• 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 MARGARET D. FARRELL		Address 1500 FLEET CENTER	
Address		City PROVIDENCE	Zip 02903

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



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121508 FLLC 10/28/04 01:45:52 PM

File Date 2/15/05

Check No. 1666664

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.

Margaret D. Farrell
Signature of Authorized Person Date

Margaret D. Farrell
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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 121508		2. Exact name of the limited liability company Baystate Financial Services, LLC	
3. State of Formation MASSACHUSETTS		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTING ADVISING	
5. Principal office address ONE EXETER PLAZA		City BOSTON	State MA Zip 02116
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DAVID C. PORTER		Contact Title	
Street Address ONE EXETER PLAZA		City BOSTON	State MA Zip 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 None		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name MARGARET D. FARRELL		Address 1500 FLEET CENTER	
Address		City PROVIDENCE	Zip 02903

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



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121508 FLLC 09/22/03 03:02:31 PM	
File Date	10/15/03
Check No.	155519 C8721
By:	KMC
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.

Margaret D. Farrell 10/8/03
Signature of Authorized Person Date

Margaret D. Farrell
Print or type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *121508*		2. Exact name of the limited liability company Baystate Financial Services, LLC	
3. State of Formation MASSACHUSETTS		4. Brief description of the character of the business which is actually conducted in Rhode Island Investment Advising	
5. Principal office address ONE EXETER PLAZA		City BOSTON	State MA Zip 02116
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name David C. Porter Contact Title			
Street Address ONE EXETER PLAZA		City BOSTON	State MA Zip 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	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name MARGARET D. FARRELL		Address 1500 FLEET CENTER	
Address		City PROVIDENCE	Zip 02903-

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



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121508 FLLC10/28/0211:19:08 AM	
File Date	FILED
Check No.	DEC 06 2002
By	By 12147723
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.

Margaret D. Farrell 11/27/02
Signature of Authorized Person Date
Margaret D. Farrell
Print or Type Name of Authorized Person