



**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. 100911		2. Exact name of the limited liability company NCG, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT ADVISORY CONSULTING.			
5. Principal office address 10 WEYBOSSET STREET		City PROVIDENCE	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name LESLEY W SHEELEY, II			Contact Title		
Street Address 10 WEYBOSSET STREET		City PROVIDENCE	State RI	Zip 02903-	
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 Lesley W. Sheeley, II		•Manager Name			
Street Address 10 Weybosset 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 JOHN E. BULMAN, ESQ.			Address 72 PINE STREET		
Address			City PROVIDENCE	Zip 02903	

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



1 0 0 9 1 1

\*100911 DLLC 09/08/06 12:22:58 PM\*

File Date 9/19/05

Check No. 1915

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] 9-16-05  
Signature of Authorized Person Date  
Lesley W. Sheeley, II  
Print or Type Name of Authorized Person



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

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Street Address 10 WEYBOSSET STREET		City PROVIDENCE	State RI	Zip 02903-	
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 Lesley W. Sheeley, II		Manager Name			
Street Address 10 Weybosset 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 JOHN E. BULMAN, ESQ.		Address 72 PINE STREET			
Address		City PROVIDENCE	Zip 02903		

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
05 MAR 23 PM 2:20

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



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*100911 DLLC 09/07/04 03:51:09 PM*	
File Date	3/23/05
Check No.	1879
	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.

Signature of Authorized Person

Date

Lesley W. Sheeley, II

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. 100911		2. Exact name of the limited liability company NCG, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT ADVISORY CONSULTING.			
5. Principal office address 10 WEYBOSSETT STREET		City PROVIDENCE	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name LESLEY W SHEELEY, II			Contact Title		
Street Address 10 WEYBOSSETT STREET		City PROVIDENCE	State RI	Zip 02903-	
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 Lesley W. Sheeley, II		• Manager Name			
Street Address 10 Weybosset 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 JOHN E. BULMAN, ESQ.		Address 72 PINE STREET			
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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\*100911 DLLC 09/05/03 09:13:19 AM\*

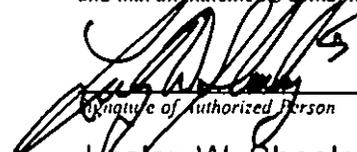
File Date 10/22/03

Check No. 3874

By: LS

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 of Authorized Person

9/26/03  
Date

Lesley W. Sheeley, II  
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. *100911*		2. Exact name of the limited liability company NCG, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT ADVISORY CONSULTING.	
5. Principal office address 10 WEYBOSSETT STREET		City PROVIDENCE	State RI Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name LESLEY W SHEELEY, II		Contact Title MGR	
Street Address 10 WEYBOSSET STREET		City PROVIDENCE	State RI Zip 02903-
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 Lesley W. Sheeley, II		*Manager Name .	
Street Address 10 Weybosset 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 JOHN E. BULMAN, ESQ.		Address 72 PINE STREET	
Address .....		City PROVIDENCE	Zip 02903

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



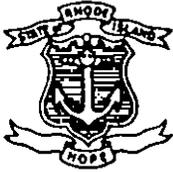
\*\*100911\* 8/29/02 9:38:10 AM\*  
File Date 10.30.02  
Check No. 1761  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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] 10/28/02  
Signature of Authorized Person Date  
Lesley W. Sheeley, II  
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 100911

Annual Report for the year 2001

1. The name of the limited liability company is:

NCG, LLC

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

10 Weybosset Street, Providence, RI 02903

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: John E. Bulman

72 Pine Street, Providence, RI 02903

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: Manager

10 Weybosset Street, Providence, RI 02903

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

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

*Name*

*Address*

Lesley W. Sheeley, II

10 Weybosset Street, Providence, RI 02903

Dated \_\_\_\_\_

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.



1 0 0 9 1 1

NCG, LLC

*Exact Name of Limited Liability Company*

By Lesley W. Sheeley, II

*Title*

FOR SECRETARY OF STATE USE ONLY

File Date:

**FILED**

Check No.:

**MAY 28 2002**

By:

By CAF 175/9E

Form No. 632  
Revised 01/99

**DETACH BOTTOM BEFORE RETURNING**

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040, or from our web site at www.state.ri.us

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 100911

Annual Report for the year 2000

1. The name of the limited liability company is:

NCG, LLC

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

10 Weybosset Street, Providence, RI 02903

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: James P. Redding, Esq.

1500 Fleet Center, Providence, RI 02903

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: Manager

10 Weybosset Street, Providence, RI 02903

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

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

*Name*

*Address*

Lesley W. Sheeley, II

10 Weybosset Street, Providence, RI 02903

Dated 11/1/00



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.

NCG, LLC

*Exact Name of Limited Liability Company*

By [Signature]

*Title*

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>11/8/2001</u>
Check No.:	<u>132952</u>
By:	<u>[Signature]</u>

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 0100911

Annual Report for the year 1999

1. The name of the limited liability company is: NCG, LLC
2. The address of the principal office of the limited liability company is:  
  
10 Weybosset Street  
Providence, RI 02903
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: Sandra Matrone Mack as Secretary of HASLAW, LLC,  
1500 Fleet Center, Providence, RI 02903
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: Manager, 10 Weybosset Street, Providence, RI  
02903
6. A brief statement of the character of the business in which the limited liability company is actually  
engaged in this state: Investment Advisory Consulting
7. If the limited liability company has managers, the name and address of each manager of the limited  
liability company

Name

Address

Lesley W. Sheeley, II

10 Weybosset Street, Providence, RI 02903

Dated November 12, 1999

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.

PAID

DEC 09 1999  
10:15 AM  
SECY OF STATE

NCG, LLC

Exact Name of Limited Liability Company

By: Lesley W. Sheeley, II

Manager

Title