



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. 102913		2. Exact name of the limited liability company GULATI ASSET MANAGEMENT LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island FINANCIAL PLANNING SERVICES, INVESTMENT SUPERVISORY, MANAGED ACCOUNTS, CONSULTATION	
5. Principal office address 350 South Main St		City Providence	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Ramesh J. Gulati		Contact Title Owner	
Street Address 350 S. MAIN ST		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		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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 RAMESH J. GULATI		Address	
Address 350 SOUTH MAIN STREET		City PROVIDENCE	Zip 02903

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



File Date	10/21/05	*102913*
Check No.	2062	
By:		
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 **9-12-05**
Ramesh J. Gulati
Print or Type Name of Authorized Person



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Office of the Secretary of State
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100 North Main Street
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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. 102913		2. Exact name of the limited liability company GULATI ASSET MANAGEMENT LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island FINANCIAL PLANNING SERVICES, INVESTMENT SUPERVISORY, MANAGED ACCOUNTS, CONSULTATION			
5. Principal office address 350 South Main St.		City Providence	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Ramesh J. Gulati		Contact Title Owner			
Street Address Same		City	State	Zip	
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 #		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 RAMESH J. GULATI		Address			
Address 350 SOUTH MAIN STREET		City PROVIDENCE	Zip 02903		

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



* 1 0 2 9 1 3 *

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	9/27/04
Check No.	2022
By:	RA
FOR SECRETARY OF STATE; USE ONLY	

Signature of Authorized Person Ramesh J. Gulati Date Sept 11, 2004
Print or Type Name of Authorized Person Ramesh J. Gulati



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 102913		2. Exact name of the limited liability company GULATI ASSET MANAGEMENT LLC									
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island FINANCIAL PLANNING SERVICES, INVESTMENT SUPERVISORY, MANAGED ACCOUNTS, CONSULTATION									
5. Principal office address 350 South Main St.		City PROVIDENCE		State RI		Zip 02903					
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:											
Contact Name Ramesh J. Gulati CFP				Contact Title OWNER							
Street Address 350 South Main St.		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				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 RAMESH J. GULATI				Address							
Address 350 SOUTH MAIN STREET				City PROVIDENCE		Zip 02903					

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



File Date	FILED
Check No.	SEP 10 2003
By:	311 1963 GAA
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.

Ramesh J. Gulati 9/9/03
Signature of Authorized Person Date
Ramesh J. Gulati
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. 102913		2. Exact name of the limited liability company GULATI ASSET MANAGEMENT LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island FINANCIAL PLANNING SERVICES, INVESTMENT SUPERVISORY, MANAGED ACCOUNTS, CONSULTATION	
5. Principal office address 350 South Main Street		City PROVIDENCE	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Ramesh J. Gulati CFP		Contact Title OWNER	
Street Address Same As Above		City	State
			Zip
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 Ramesh J. Gulati CFP		Manager Name	
Street Address Same as above		Street Address	
City	State	City	State
Manager Name	Manager Name		
Street Address	Street Address		
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name RAMESH J. GULATI		Address	
Address 350 SOUTH MAIN STREET		City PROVIDENCE	Zip 02903

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



* 1 0 2 9 1 3 *

File Date	9-4-02
Check No.	1837
By:	ac
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.

Ramesh J. Gulati CFP **9/1/02**
Signature of Authorized Person Date
Ramesh J. Gulati CFP
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 102913

Annual Report for the year 2001

1. The name of the limited liability company is:

GULATI ASSET MANAGEMENT LLC

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

350 South Main Street Suite Three Providence, Rhode Island 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: RAMESH J. GULATI

350 SOUTH MAIN 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: Ramesh J. Gulati, CFP

350 South Main Street Suite Three Providence, Rhode Island 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: A.) FINANCIAL PLANNING SERVICES C.) MANAGED ACCOUNTS (NON-DISCRETIONARY)
B.) INVESTMENT SUPERVISORY D.) CONSULTATION

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

Name

Address

Ramesh J. Gulati, CFP

350 South Main Street

Dated August 23, 2001



1 0 2 9 1 3

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.

Gulati Asset Management LLC

Exact Name of Limited Liability Company

By Ramesh J. Gulati / President

Certified Financial Planner

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date: 10-26-01

Check No.: 1668

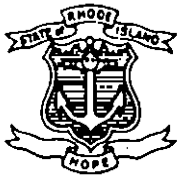
By: 22

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

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



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Office of the Secretary of State
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100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number LL 102913

Annual Report for the year 1999

1. The name of the limited liability company is:
GULATI ASSET MANAGEMENT LLC
2. The address of the principal office of the limited liability company is:
350 SOUTH MAIN 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: RAMESH J. GULATI
350 SOUTH MAIN 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: RAMESH J. GULATI, 350 SOUTH MAIN 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: COMPREHENSIVE INVESTMENT AND FINANCIAL PLANNING
7. If the limited liability company has managers, the name and address of each manager of the limited liability company
Name Address

Dated 8/31/99



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.

GULATI ASSET MANAGEMENT LLC
Exact Name of Limited Liability Company

By

Ramesh J. Gulati President

PRESIDENT
Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9-1-99

Check No.: 1087

By: AMF

Form No. 632
Revised 01/99