

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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

•	PPLEMBER I - NOVEMBER I , PPLO OR PRINTED IN BLACK)	• Filing Fee: \$50.	.co					
1. ID No. 102913		name of the limited liability company I ASSET MANAGEMENT LLC						
3. State of Formatto RHODE ISLAN	n 4. Brief description	of the character of the bu	siness which is actually conducted in Rhode i INVESTMENT SUPERVISORY, MANA		NSULTATION			
5. Principal office a	South Main St	g was agent of the	Provi Dence	State AI	02103			
6. MAILING AD	nesh J. Gulati	ITY COMPANY AND	ONAME OR TITLE OF CONTACT P. Contact Title Owner	ERSON:				
Street Address 5.	MAIN ST		Providence	StateRI	2ip 02 9 0 3			
7. NAME AND A	FILL IN SPA	CES BEFORE USING	D LIABILITY COMPANY, IF APPLIE ATTACHMENTS ("X" BOX FOR RES FILING OF AMENDMENT, R.1. Manager Name	ATTACHMENT)	/ 7-16-52			
Street Address			Street Address	· , ,				
City	State	Žip	City	State	Zip			
Manager Name		1	Manager Name		J			
Sireci Address			Street Address	 				
City	State	Zíp	City	State	Zip			
Agent Name	·	DO NOT ALTER - CI	hanges require filing of Form 64	2 - R.I.G.L. 7-16-11				
RAMESH J. GULA Address 350 SOUTH MAIN			City PROVIDENCE					
	This report me	sst be signed in ink h	by an authorized person pursuant to	R.I.G.L. 7-16-66.				

File Date 0	5 •102913•
Check No.	2
By:	
FOR SECRETARY OF S	TATE 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. \mathcal{L}

Signature of Authorized Person

Date



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

Matthew A. Brown, Secretary of State

Corporutions Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR.

2004

Filing Period: September 1 - (FORM MUST BE TYPED OR PRIN		Filing Fee: \$50.00						
1. ID No. 2. Exact								
3 State of Formation RHODE ISLAND			urbich is actually conducted in Rhode Island ESTMENT SUPERVISORY, MANAGED ACCOUNTS, CONSULTATION					
5. Principal office address 350 South /	YAIN St.	PROVIDENCE	State R	I	02903			
6. MAILING ADDRESS OF L. Contact Name RAMESH	J. Gulat		OR TITLE OF CONTACT PERS	60N:				
Sireei Address			City	State		Zip		
	FILL IN SPACES	BEFORE USING ATTAC	: LITY COMPANY, IF APPLICATE CHMENTS ("X" BOX FOR AT ING OF AMENDMENT, R.I.G.I : : : : : : : : : : : : : : : : : : :	TACHMENT)		-52		
Street Address		• •	Sirvet Address					
Cuy	State	Zin	City	State		Zip		
Manager Name		J	Manager Name					
Street Address	_		Sirvei Address					
City	State	Zψ	City	State		Zip		
8. RESIDENT AGENT IN RH Agent Name RAMESH J. GULATI	ODE ISLAND - DO	NOT ALTER - Changes	require filing of Form 642 - Address	R.J.G.L. 7-1	6-11	,		
Address 350 SOUTH MAIN STREET			City Ztp 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	
 	

File Date _	9	27	04	
Check No		2022	<u> </u>	
Ву:		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



Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2003

Filing Period: Septen	nber 1 - November 1	• Filing Fee: \$50.	.00						
(FORM MUST BE TYPED									
1. ID No	2. Exact name of the limite	name of the limited liability company							
102913	GULATI ASSET I	TI ASSET MANAGEMENT LLC							
3. State of Formation	4. Brief description	m of the character of the bu	stness which is actually conducted in i	Rhode Island					
RHODE ISLAND	FINANCIAL P	LANNING SERVICES, I	NVESTMENT SUPERVISORY,	MANAGED ACCOUNTS, C	ONSULTATION				
5. Principal office address 50	uth Main	St.	PROVI DEN	ice suic RI	02903				
6. MAILING ADDRE	SS OF LIMITED LIABI	LITY COMPANY AND	NAME OR TITLE OF CONTA	CT PERSON:					
Contact Name RAM	esh J. Gul	ati CFP	Contact Title OWNER	(
Street Address 350	esh J. Gul South Mai	in St.	CITY PROVIDEN	ce state BI	02903				
7. NAME AND ADDI	RESS OF EACH MANA FILL IN SP	GER OF THE LIMITEI ACES BEFORE USING	D LIABILITY COMPANY, IF A GATTACHMENTS ("X" BOX RES FILING OF AMENDMENT	FOR ATTACHMENT)) / 7-16-52				
Manager Name			Manager Name	Manager Name					
Street Address			Street Address	Street Address					
City	State	Zip	City	State	Zip				
Manager Name		·····	Manager Name	Manager Name					
Street Address			Street Address	Street Address					
City	State	Z(p	Clty	State	Zip				
8. RESIDENT ÀGENT Agent Name	T IN RHODE ISLAND	DO NOT ALTER - CI	hanges require filing of For Address	m 642 - R.J.G.L. 7-16-11	ı				
RAMESH J. GULATI									
Address 350 SOUTH MAIN STRE			City PROVIDENCE	, , , , , , , , , , , , , , , , , , ,					
			<u> </u>						

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

	*			3	
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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.



Edward S. Inman, 111, 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: Sepi	ember 1 -	November 1	Filing Fee: \$50.00	AL KEI OKI FOK		EAR _2002			
(FORM MUST BE TYI									
1. 1D No. 102913	GULAT	name of the limited liability company TI ASSET MANAGEMENT LLC							
3. State of Formation RHODE ISLAND				ess which is actually conducted in Rho STMENT SUPERVISORY, MANA		INTS, CONSULTATIO	ON .		
5. Principal office add 350 S	ress outh	Main S.	treet	PROVI DENCE	State B	I OQ	903		
6. MAILING ADD				ND NAME OR TITLE OF C	ONTACT P	ERSON:			
Contact Name 114Mesh	J.	Gulati	CFP	Contact Title OWNER					
		Above		City	State	Zip			
7. NAME AND ADI		FILL IN SPACES	BEFORE USING ATTY	ED LIABILITY COMPANY, I ACHMENTS ("X" BOX FOR A FILING OF AMENDMENT. R.I.G.L	ATTACHMENT	<i>r</i>			
Munager Name RAMES			· · · · · · · · · · · · · · · · · · ·	• Manager Name •					
Street Address	 м е	Gulati as above		*Sireet Address					
City		State	Zip	City	State	Zip			
Manager Name		• • • • • • • •	J	*Manager Name	1		• • • • • •		
Street Address				· Street Address					
City		State	Zip	City	State	Ziρ			
8. RESIDENT AGE	NT LN RH	ODE ISLAND -DO	NOT ALTER- Change	es require filing of Form (642 - R.I.G.L	. 7-16-11			
Agent Name		·-	~ -	Address			<u> </u>		
RAMESH J. GULATI									
Address				City	Zip	· -			
350 SOUTH MAIN ST	REET			PROVIDENCE		02903	02903		
This report must be	e sioned (in ink hy an aut	horized person pursu	ians to 7-16-66					
1				w/// .U / -1 U=//U.					

File Date O-402

Check No. 1837

By: 3-C

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

CFP 9/1/02

of Authorized Person

Ramesh J. Gulati CFP

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

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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

	•	HIGHTED EINDIEFF FOOME ANT				
ID	Number <u>DLLC 102913</u>	Annual Report for the year 2001				
1.	The name of the limited liability compa	ny is:				
	GULATI ASSET MANAGEMENT LLC					
2.	The address of the principal office of the 350 South Main Street	et Suite Gers Providence Hode Island 02903				
3.	The state or other jurisdiction under the	e 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 PROVID	ENCE RI 02903				
5 .	The current mailing address of the limit	ted liability company and the name or title of a person to whom communications				
	may be directed are:	J. Gulati CFP				
	350 South Main Street S	Switz There Providence Rhode Island 02903				
6.	A brief statement of the character of A.) Financial Planning State: 8.) Investment Supervise					
7.	If the limited liability company has man	pagers, the name and address of each manager of the limited liability company Address				
•	Brancoh J. Gulati CFP	350 South Main Street				
Da	ated August 23, 2001	Under penalty of perjury, I declare and affirm that I have examined this				
	01 118 11 8 8 118 118 18 18 18 18 18 18 1	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.				
		Cruhati Asset Management LLC Exact Name of Limited Liability Company				
	102713	Exact Name of Limited Liability Company				
File	FOR SECRETARY OF STATE USE ONLY Date: 26-6/	By KAMESH J. Gulati / tresident				
Che	eck No.: /668	Certified Financial Planner				
By:	Q.	Form No. 632 Revised 01/99				

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 <u>LL 102913</u>	Annual Report for the year 1999							
1.	The name of the limited liability colling the limited liability limited liability colling the limited liability liab								
2.									
3.		ler 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.		e limited liability company and the name or title of a person to whom communications SH J. GULATI, 350 SOUTH MAIN STREET, I 02703							
6.									
7. If the limited liability company has managers, the name and address of each manager of the limited liability contains and address of each manager of the limited liability contains and address of each manager of the limited liability contains and address of each manager of the limited liability contains and address of each manager of the limited liability contains and address of each manager of the limited liability contains and address of each manager of the limited liability contains and address of each manager of the limited liability contains and address of each manager of the limited liability contains and address of each manager of the limited liability contains and address of each manager of the limited liability contains and address of each manager of the limited liability contains and address of each manager of the limited liability contains and address of each manager of the limited liability contains and address of each manager of the limited liability contains and address of each manager of the limited liability contains and address of each manager of the limited liability contains and address of each manager of the limited liability contains and each manager of the limited liability each manager of the limited liability and each manager of the limit									
Dat	ted <u> </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. GULAT: ASSET MANAGEMENT LLC. Exact Name of Limited Liability Company							
File	FOR SECRETARY OF STATE USE ONLY Date: 9-1-99 ck No.: 1087 AME	By Ramesh I what Pros. Mrt. RESIDENT Title Form No. 632 Revised 01/99							