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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No	2. Name of Corporation			
112713	Law Office of Kathy J. Kushnir, P.C.			
3. Street Address Principal Business Office: 298 West Exchange Street	City: Providence	State: RI	Zip: 02903	
4. Business Phone No: 401-225-9498	5. State of Incorporation: RHODE ISLAND		6. SIC Code: 7617	

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE LEGAL SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: Kathy J. Kushnir			Vice President Name: none		
Street Address: 298 West Exchange Street			Street Address		
City: Providence	State: RI	Zip: 02903	City	State	Zip
Secretary Name: Kathy J. Kushnir			Treasurer Name: Kathy J. Kushnir		
Street Address: same			Street Address: same		
City	State	Zip	City	State	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name: Kathy J. Kushnir			Director Name		
Street Address: same			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ 11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
4,000	COMM	$.01 PAR VALUE	100	COMMON	$.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

FILED
File Date MAR 07 2005
Check No. 1128
By: 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 Officer — *Date* 3/1/05

Kathy J. Kushnir
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 630 Rev. 12/03

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
112713	Law Office of Kathy J. Kushnir, P.C.			
3. Street Address Principal Business Office		City	State	Zip
6300 Post Road		N. Kingstown	RI	02852
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401.225.9498	RHODE ISLAND			7617

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE LEGAL SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Kathy J. Kushnir			none		
Street Address			Street Address		
6300 Post Road					
City	State	Zip	City	State	Zip
N. Kingstown	RI	02852			
Secretary Name			**Treasurer Name**		
Kathy J. Kushnir			Kathy J. Kushnir		
Street Address			Street Address		
same					
City	State	Zip	City	State	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Kathy J. Kushnir					
Street Address			Street Address		
same					
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
4,000 COMM $.01 PAR VALUE			100	common	$.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

1127137

File Date [illegible]

Check No. MAR 12 2004 1100

By: [illegible]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 Officer — *Date* 3/1/04

Kathy J. Kushnir
Print or Type Name of Officer

President
Title of Officer

Form 630 Rev. 12/03

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
112713	Law Office of Kathy J. Kushnir, P.C.

3. Street Address Principal Business Office	City	State	Zip
6300 Post Road	N. Kingstown	RI	02852

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-225-9498	RHODE ISLAND	7617

7. Brief Description of the Character of Business Conducted in Rhode Island

law practice

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Kathy J. Kushnir			none		
Street Address			**Street Address**		
6300 Post Road					
City	**State**	**Zip**	**City**	**State**	**Zip**
N. Kingstown	RI	02852			
Secretary Name			**Treasurer Name**		
Kathy J. Kushnir			Kathy J. Kushnir		
Street Address			**Street Address**		
same			same		
City	**State**	**Zip**	**City**	**State**	**Zip**

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Kathy J. Kushnir					
Street Address			**Street Address**		
same					
City	**State**	**Zip**	**City**	**State**	**Zip**
Director Name			**Director Name**		
Street Address			**Street Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
4,000 COMM $.01 PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	common	$.01

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 1 1 2 7 1 3 *

File Date: 3.19.03

Check No.: 1077

By: MP

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 Officer — *Date* 3/1/03

Kathy J. Kushnir
Print or Type Name of Officer

President
Title of Officer

Form 630 12/02

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 112713

2. Name of Corporation Law Office of Kathy J. Kushnir, P.C.

3. Street Address Principal Business Office 6300 Post Road

City North Kingstown *State* RI *Zip* 02852

4. Business Phone No. 401-225-9498

5. State of Incorporation RHODE ISLAND

6. SIC Code 7617

7. Brief Description of the Character of Business Conducted in Rhode Island
Private law practice

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Kathy J. Kushnir
Street Address 6300 Post Road
City N. Kingstown *State* RI *Zip* 02852

Vice President Name none
Street Address
City *State* *Zip*

Secretary Name Kathy J. Kushnir
Street Address same
City *State* *Zip*

Treasurer Name Kathy J. Kushnir
Street Address same
City *State* *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Kathy J. Kushnir
Street Address same
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
4,000 COMM $.01 PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	common	$.01

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

* 1 1 2 7 1 3 *

[redacted]

File Date: 3-1-02

Check No.: 1055

By: dc

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.

K J Kushnir 2/21/02

Signature of Officer *Date*

Kathy J. Kushnir

Print or Type Name of Officer

President

Title of Officer

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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
112713	Law Office of Kathy J. Kushnir, P.C.			
3. Street Address Principal Business Office	**City**	**State**	**Zip**	
6300 Post Road	N. Kingstown	RI	02852	
4. Business Phone No.	**5. State of Incorporation**		**6. SIC Code**	
401-225-9498	RHODE ISLAND		7617	

7. Brief Description of the Character of Business Conducted in Rhode Island

law office

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Kathy J. Kushnir	6300 Post Road	N.Kingstown	RI	02852

Vice President Name	Street Address	City	State	Zip
none				

Secretary Name	Street Address	City	State	Zip
none				

Treasurer Name	Street Address	City	State	Zip
none				

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Kathy J. Kushnir	6300 Post Road	N. Kingstown	RI	02852

Director Name	Street Address	City	State	Zip
none				

Director Name	Street Address	City	State	Zip
none				

Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
4,000	COMM $.01 PAR VALUE	

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	common	$0.01

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 1 1 2 7 1 3 *

File Date: 3/2/01

Check No.: 1030

By: KAD

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 Officer — Date: 2/27/01

Kathy J. Kushnir
Print or Type Name of Officer

President
Title of Officer

Form 630 12/00

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** 2000

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

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 Providence, Rhode Island

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 B) Investment Supervisory C) Managed Accounts (non-discretionary) 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 31, 2000

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
Ramesh J. Gulati
Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY
File Date: 10-24-00
Check No.: 1398
By: AMF