

FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State Corporations Division 100 North Main Street Providence, RI 02903-1335 Matthew A. Brown, Secretary of State 401.222.3040

Filing Period: Janua	RPORATION AN ry 1 - March 1 • Fill OR PRINTED IN BLACK)	NUAL REPOR' ng Fee: \$50.00	T FOR THE YE	AR <u>2005</u>			
1. Corporate ID No	2. Name of Corporati	บท					
112713 Law Office of Kathy J. Kushnir, P.C.							
3. Street Address Principal	st Exchange		"Providenc	e State TZ1	<sup>21</sup> 02903		
4. Business Phone No HO( - HO	5.9498	5. State of Incorporation  RHODE ISLAND			6 SIC Code 7617		
	Character of Business Conducted in GAL SERVICES						
	RESSES OF THE OFFICER	S: ("X" BOX FOR ATT		N SPACES BEFORE USING	ATTACHMENTS		
President Name Kathy	J. Kushnir		Vice President Name  NONE				
Sirce Address We	st Exchange	. Street	Street Address				
Providen	ce State 721	zφ02903	City	State	Zip		
Service Zathy	J. Kushn	ir	Tronsfire Name Kathy	Rathy J. Kushnir			
Street Address	•		Stron Address Same				
Cuy	State	Zip	City	State	Zip		
9. NAMES AND ADD	RESSES OF THE DIRECTO	ORS: ("X" BOX FOR AT	: <i>TTACHMENT)</i>	IN SPACES BEFORE USING	G ATTACHMENTS		
Direct Karmo Kathw	J. Kushni	·Y	Director Name				
Sireci Address			Street Address				
Cuy	State	Zip	City	State	Zip		
Director Name :			Director Name				
Stran Address			Sirrer Address				
City	State	Zip	City·	State	Ζψ		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES				
Number of Shares	Cluss/Series	Par Value	Number of Shares	Class/Series	Par Value		
4,000 COMM \$.01 P	AR VALUE		100	Common	\$.01		
· 1							
File Date	FILED	ther the President, Vice	Under penalty of including any lice contained herein	perjury. I declare and affirm that companying schedules and states are true and correct.	t I have examined this report, nents, and that all statements		
Check No. By (128)			Kathy J. Kushnir  Print or Type Name of Officer				



### 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

2004 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_ Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST HE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 112713 l Law Office of Kathy J. Kushnir, P.C. 3. Street Address Principal Business Office City State Zip 6300 CFost Road 02852 Kinastown 6. SIC Code

4. Business Phone No. 5. State of Incorporation 401.225.9498 7617 RHODE ISLAND 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 <u>J. Kushnir</u> none Street Address Street Address 6300 Post Road Zφ City Zip N. Kingstown RI 102852 Secretary Name Treasurer Name Kathy J. Kushnir <del>J. Kushni</del>i Street Address 11 y Street Address same Zip City State Z.Ip City State 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Kathy <u>Kushni r</u> Street Address Street Address same State Zφ 2.ip City City State Director Name Director Name Street Address Street Address State ZIp City City State Ζip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Par Value Number of Shares Class/Series Number of Shares Class/Senes Par Value 4,000 COMM \$.01 PAR VALUE Ω1 100 common

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

File Date	57.26" 75.54 (A)
Check No	MAR 1 2, 2004 , 50
Ву:	1
L	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 total and correct.

Signature of Officer

Kathy J. Kushnir
Print or Type Name of Officer

President

Title of Officer

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Screet, 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 PIEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRIN	TED IN BLACK)				
1. Corporate ID No.	2. Name of Corpora	tion			
112713	Law Office	of Kathy J. Kushnir, P.C.			
3. Street Address Principal Busines			City	State	Zip
6300 Post Roa	d		N. Kingstown	RI	02852
4. Business Phone No.		S. State of Incorporation			6. SIC Code
401-225-9498		RHODE ISLANI			7617
7. Brief Description of the Characte	er of Business Conducted	in Rhode Island			
law practice					
8. NAMES AND ADDRES President Name	SSES OF THE OFF	ICERS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES B Vice President Name	EFORE USING ATTAC	HMENIS
Kathy J. Kushnir Street Address 6300 Post Road			none Street Address		
City	State	Zip	City	- State	Zip
N. Kingstown	RI	02852	Treasurer Name	·	٠
Secretary Name					
Kathy J. Kushnir Street Address	-		Kathy J. Kushni Street Address	.r	
same			· same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	ACHMENTS
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 AUTHORIZE AUTHORIZED SHARES	ED (*x* box for att	(ACHMENT)	11. SHARES ISSUED (*x	* BOX FOR ATTACHMENT	")
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

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	3.19.03
File Date:	1077
Check No.: _	1077
Ву:	$\mathcal{L}$
FOR SECRETA	ARY OF STATE USE ONLY

Under penalty of perjury, il declare this report, indcluding any accompa	anying schedules and statements, and
that all statements contained herei	in are true and correct.
li Il u blu	3/1/03
Signather of Wilker	Date

Kathy J. Kushnir

Print or Type Name of Officer

President

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

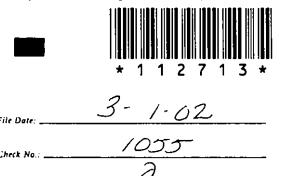
### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_2002

401-222-3040

STOP	
PLEASE READ INSTRUCTIONS	
INSTRUCTIONS	

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPEI) 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 02852 6300 Post Road North Kingstown RI 4. Rusiness Phone No. 5. SIC Code 5. State of Incorporation 401-225-9498 7617 **RHODE ISLAND** 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 Vice President Name President Name Kathy J. Kushnir none Street Address Street Address 6300 Post Road State Zip 02852 RΙ N. Kingstown Treasurer Name Secretary 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 Zip City City State Zip State Director Name Director Name Street Address Street Address City City State Zio State Zio 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Number of Shares Class/Series Class/Series Par Value Par Value \$.01 4,000 COMM \$.01 PAR VALUE 100 common

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



FOR SECRETARY OF STATE USE ONLY

Under penalty of perfury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and ontained herein are true and correct. Kath J. Kushnir Print or Type Name of Officer President



Form 630 12/01



FOR SECRETARY OF STATE USE ONLY

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

Corporations Division 100 North Main Street, Providence, P.1 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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PLEASE	READ
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Filing Per	Period: January 1-March 1 • Filing Fee: \$50.00						
	BE TYPED IN BLACK			<del></del>			
1. Corporate 1D	2 Name of Corporation 112713   Law Office of Kathy J. Kushnir, P.C.						
3. Street Addres	ss Principal Business Off	Tice -		City	State	Zip	
	O Fost Roa	d	المرحمان والأرزو	N. Kingstown	RI	02852	
4. Business Pho	ne No. 1 -225-9498		S. State of Incorporation RHODE ISLAND			6. SIC Code 7617	
		Business Conducted in Rho	de Island		<del> </del>		
l .	office						
	<del></del>	S OF THE OFFICER	S ("X" BOX FOR ATTACH	MENT) CFILL IN SPACES BE	FORE USING ATTAC	IMENTS	
President Name	•			: Vice President Name : none			
Street Address	hy J. Kush	m11		: Street Address			
	O Post Roa	d					
City	<del></del>	State	Zip	City	State	Zip	
	ingstown	RI	02852	·			
Secretary Name	1			Treasurer Name none			
non	e	<del></del>	<del></del>	Street Address	<del></del>	<del></del>	
١.							
City		State	Zip	City	State	Zip	
0.34.74.5	Lina Apparect	COPTUP DIRECT	DE WAR BOX SOS ATTA	CONTROL INCOME	DEFORE LIGING ATTA	CUMENTS	
9. NAMES Director Name		S OF THE DIRECTS	DR2 ("X" HOX FOR ATTAI	CHMENT) FILL IN SPACES I Director Name	SEPORE USING ATTA	CHINE IN 13	
Kat	hy J. Kush	nir		none		•	
Street Address	•			Street Address	<del></del>		
1	O Post Roa		Ta:		State	Zip	
City N.	Kingstown	State RI	<sup>Zip</sup> 02852	City	21016	2.19	
Director Name		<b>*****</b>	ł	Director Name			
	none			none			
Street Address				Street Address			
City		State	Zip	: Clly	State	Zip	
1				•	1		
10. SHARE	S AUTHORIZED	("X" BOX FOR ATTACHA	(ENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
AUTHORIZZZO SI				ISSUED SHARES	· <del></del>		
Number of Sha	<b>+</b>	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
4,000	COMM \$.01 P	AR VALUE		100	common	\$0.01	
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This report	l t must be <b>signed</b>	l <b>in ink</b> by either t	he President, Vice P	resident, Secretary, Assista	int Secretary, Treasu	rer, Receiver or Trustee	
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			<b>[]</b> .			F	
	* 1	1 2 7 1 3	<b>k</b>	Under penalty of perju			
	_	`} ,	•	1 7 1 1	iny accompanying sent tained herein are true	edules and statements, and and correct.	
File Date:	2	12/01	•	X \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1112 7	2/27/61	
		11 72	<u> </u>	Signature of Officer	w ·	Date	
Check No.:		1030	· —		chnir	67445	
	VAD.			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, 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 limit	ted 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 list	ability 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			
<ol> <li>7.</li> </ol>	state: Financia   Planning Cevices  If the limited liability company has managers  Name	Thus then the limited liability company is actually engaged in this  Thus then the Supervisory Mayaged Pagents (Non-discretioner  Consultation  s, the name and address of each manager of the limited liability company  Address  Address  These			
Da	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.  Sulati Asset Management LLC  Exact Name of Limited Liability Company			
File	FOR SECRETARY OF STATE USE ONLY  Date: // - 24-00	By Kamesh J. Julati / tresident			
	eck No.: 1398	Ceetified Financial MANNER			
By:		Form No. 632 Revised 01/99			