



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 02903-1333  
401.222.304

**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.<br>136621  |       | 2. Exact name of the limited liability company<br>James V. Aukerman & Associates, LLC                    |              |
| 3. State of Formation<br>Rhode Island  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Law |              |
| 5. Principal office address<br>60 South County Commons Way   |       | City<br>Wakefield  | State<br>RI  |
|  |       |  | Zip<br>02879 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |  |              |
| Contact Name<br>James V. Aukerman  |       | Contact Title<br>Sole Member   |              |
| Street Address<br>60 South County Commons Way  |       | City<br>Wakefield  | State<br>RI  |
|  |       |  | Zip<br>02879 |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>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        |
| • Manager Name   | • Zip | • Manager Name   | • Zip        |
| 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<br>James V. Aukerman  |       | Address  |              |
| Address<br>60 South County Commons Way   |       | City<br>Wakefield  | Zip<br>02879 |

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



1 3 6 6 2 1

File Date 9/28/05  
Check No. 1542  
By: chr  
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.

James V. Aukerman  
Signature of Authorized Person Date

James V. Aukerman  
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 2004**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

|  |             |  |                              |                   |     |
|--|-------------|--|------------------------------|-------------------|-----|
| 1. ID No.<br>136621  |             | 2. Exact name of the limited liability company<br>James V. Aukerman & Associates, LLC                    |                              |                   |     |
| 3. State of Formation<br>Rhode Island  |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Law |                              |                   |     |
| 5. Principal office address<br>60 South County Commons Way   |             | City<br>Wakefield  | State<br>RI                  | Zip<br>02879-2246 |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |             |  |                              |                   |     |
| Contact Name<br>James V. Aukerman  |             |  | Contact Title<br>Sole Member |                   |     |
| Street Address<br>60 South County Commons Way  |             | City<br>Wakefield  | State<br>RI                  | Zip<br>02879-2246 |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |             |  |                              |                   |     |
| Manager Name<br>James V. Aukerman  |             | Manager Name   |                              |                   |     |
| Street Address<br>60 South County Commons Way  |             | Street Address   |                              |                   |     |
| City<br>Wakefield  | State<br>RI | Zip<br>02879-2246  | 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<br>James V. Aukerman  |             |  | Address                      |                   |     |
| Address<br>60 South County Commons Way   |             | City<br>Wakefield  | Zip<br>02879-2246            |                   |     |

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



1 3 6 6 2 1

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.

James V. Aukerman 10/30/04  
Signature of Authorized Person Date  
JAMES V. AUKERMAN  
Print or Type Name of Authorized Person

|                                 |         |
|---------------------------------|---------|
| File Date                       | 11/3/04 |
| Check No.                       | 1237    |
| By:                             | JA      |
| FOR SECRETARY OF STATE USE ONLY |         |