



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. 140222		2. Exact name of the limited liability company CMR CONSULTING, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROJECT MANAGEMENT SERVICES IN INFORMATION TECHNOLOGY			
5. Principal office address 13 SUGAR MAPLE DRIVE		City COVENTRY	State RI	Zip 02816	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MICHELLE A. RICCI			Contact Title PRESIDENT		
Street Address 13 SUGAR MAPLE DRIVE		City COVENTRY	State RI	Zip 02816	
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 MICHELLE A. RICCI			Address		
Address 13 SUGAR MAPLE DRIVE			City COVENTRY	Zip 02816-	

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



File Date	11/10/05	*140222*
Check No.	111	
By:	[Signature]	
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.

Michelle A Ricci 11/1/05
Signature of Authorized Person Date
MICHELLE A. RICCI
Print or Type Name of Authorized Person