



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 82622		2. Exact name of the limited liability company Personal Management Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROVIDE PERSONAL ASSET MANAGEMENT, BILL-PAYING, AND OTHER FINANCIAL SERVICES TO INDIVIDUAL AND BUSINESS CLIENTS	
5. Principal office address 99 Colorado Avenue		City Warwick	State RI Zip 02888
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name H. BROCKENBROUGH MANVILLE Contact Title			
Street Address 99 Colorado Avenue		City Warwick	State RI Zip 02888
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
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CHARLES S. SOKOLOFF, ESQ.		Address 6 BLACKSTONE VALLEY PLACE, SUITE 301	
Address		City LINCOLN	Zip 02865-

RECEIVED
SECRETARY OF STATE
05 SEP 26 AM 10:58

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



8 2 6 2 2

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 9/26/05

H. Brockenbrough Manville
Print or Type Name of Authorized Person

82622 DLLC 09/21/05 07:38:34 PM

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY



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. 82622		2. Exact name of the limited liability company Personal Management Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROVIDE PERSONAL ASSET MANAGEMENT, BILL-PAYING, AND OTHER FINANCIAL SERVICES TO INDIVIDUAL AND BUSINESS CLIENTS	
5. Principal office address 99 Colorado Avenue		City Warwick	State RI
		Zip 02888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name H. BROCKENBROUGH MANVILLE		Contact Title	
Street Address 99 Colorado Avenue		City Warwick	State RI
		Zip 02888	
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	City	State
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
State	Zip	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 CHARLES S. SOKOLOFF, ESQ.		Address 6 BLACKSTONE VALLEY PLACE, SUITE 201	
Address		City LINCOLN	Zip 02865

FILED
SEP 28 2005
CORPORATIONS DIV
H. BROCKENBROUGH MANVILLE

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



8 2 6 2 2

82622 DLLC 09/21/05 07:47:42 PM

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

SEP 21 2005

By: AME
77926

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 9/26/05

H. Brockenbrough Manville
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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 82622		2. Exact name of the limited liability company Personal Management Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROVIDE PERSONAL ASSET MANAGEMENT, BILL-PAYING, AND OTHER FINANCIAL SERVICES TO INDIVIDUAL AND BUSINESS CLIENTS	
5. Principal office address 43 HASWELL STREET		City PROVIDENCE	State RI
		Zip 02905	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name H. BROCKENBROUGH MANVILLE		Contact Title	
Street Address 43 HASWELL ST.		City PROVIDENCE	State RI
		Zip 02905-	
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
Manager Name	*Manager Name		
Street Address	*Street Address		
City	State	Zip	*City
State	State	Zip	*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 CHARLES S. SOKOLOFF, ESQ.		Address ELEVEN THURBER BOULEVARD	
Address		City SMITHFIELD	Zip 02917

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



8 2 6 2 2

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

H. Brockenbrough Manville

Print or Type Name of Authorized Person

82622 DLLC 09/05/03 11:01:07 AM

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *82622*		2. Exact name of the limited liability company Personal Management Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROVIDE PERSONAL ASSET MANAGEMENT, BILL-PAYING, AND OTHER FINANCIAL SERVICES TO INDIVIDUAL AND BUSINESS CLIENTS	
5. Principal office address 43 HASWELL STREET		City PROVIDENCE	State RI Zip 02905
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name H. BROCKENBROUGH MANVILLE		Contact Title Member	
Street Address 43 HASWELL ST.		City PROVIDENCE	State RI Zip 02905-
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
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L 7-16-11			
Agent Name CHARLES S. SOKOLOFF, ESQ.		Address ELEVEN THURBER BOULEVARD	
Address		City SMITHFIELD	Zip 02917

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



* 8 2 6 2 2 *

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
Member
Print or Type Name of Authorized Person

82622 DLLC8/23/0212:59:30 PM

File Date 9-16-02

Check No. 016972

By: EMI

FOR SECRETARY OF STATE USE ONLY

**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

— 45 —

Annual Report for the year 2001

- Personal Management Associates, LLC

- 43 Haswell Street, Providence, RI 02905

4. The name and address of its resident agent is: CHARLES S. SOKOLOFF

ELEVEN THURBER BOULEVARD SMITHFIELD RI 02917

- 43 Haswell Street, Providence, RI 02905

- [illegible]

Dated 9-10-01



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.

Personal Management Associates, LLC

Exact Name of Limited Liability Company

By

Title

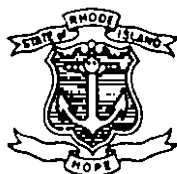
Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

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 82622

Annual Report for the year 2000

1. The name of the limited liability company is:

Personal Management Associates, LLC

2. The address of the principal office of the limited liability company is:

43 Haswell Street, Providence, RI 02905

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: CHARLES S. SOKOLOFF

ELEVEN THURBER BOULEVARD SMITHFIELD RI 02917

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: H. Brockenbrough Manville, Member

43 Haswell Street, Providence, RI 02905

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To provide personal asset management, bill-paying, and other financial services to individual and business clients.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated _____



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.

Personal Management Associates, LLC

Exact Name of Limited Liability Company

By _____

MEMBER

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9-15-00

Check No.: 010466

By: AMF

Form No. 632
Revised 01/99

**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 LL 82622

Annual Report for the year 1999

1. The name of the limited liability company is:

Personal Management Associates, LLC

2. The address of the principal office of the limited liability company is:

43 Haswell Street, Providence, RI 02905

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: CHARLES S. SOKOLOFF

ELEVEN THURBER BOULEVARD SMITHFIELD, RI 02917

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: H. Brockenbrough Manville, Member

43 Haswell Street, Providence, RI 02905

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To provide personal asset management, bill-paying, and other financial services to individual and business clients.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company
- | <i>Name</i> | <i>Address</i> |
|-------------|----------------|
|-------------|----------------|

Dated _____



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.

Personal Management Associates, LLC

Exact Name of Limited Liability Company

By

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date: 9-11-99

Check No.:

By:

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

LIMITED LIABILITY COMPANY

ID Number 82622

Annual Report for the year 1998

1. The name of the limited liability company is:

Personal Management Associates, LLC

2. The address of the principal office of the limited liability company is:

43 Haswell Street, Providence, RI 02905

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: Charles S. Sokoloff

Eleven Thurber Boulevard, Smithfield, RI 02917

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: 43 Haswell Street, Providence, RI 02905

H. Brockenbrough Manville

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: provide personal asset management, bill-paying, and other financial services to individual and business clients.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated 4-15, 1999

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.

Personal Management Associates, LLC

Exact Name of Limited Liability Company

By [Signature]

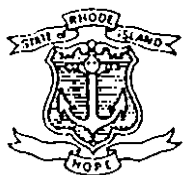
Member

Title

RECEIVED
SECRETARY OF STATE
APR 29 1999
66, 17 91 01 97 860

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

LIMITED LIABILITY COMPANY

ID Number §2622

Annual Report for the year 1997

1. The name of the limited liability company is:

Personal Management Associates, LLC

2. The address of the principal office of the limited liability company is:

43 Haswell Street, Providence, RI 02905

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: Charles S. Sokoloff

Eleven Thurber Boulevard, Smithfield, RI 02917

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: 43 Haswell Street, Providence, RI 02905

H. Brockenbrough Manville

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: provide personal asset management, bill-paying, and other financial services to individual and business clients.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated 4-15, 1999

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.

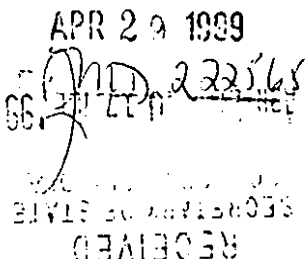
Personal Management Associates, LLC

Exact Name of Limited Liability Company

By [Signature]

Member

Title



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

LIMITED LIABILITY COMPANY

ID Number 82622

Annual Report for the year 1996

1. The name of the limited liability company is:

Personal Managment Associates, LLC

2. The address of the principal office of the limited liability company is:

43 Haswell Street, Providence, RI 02905

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: Charles S. Sokoloff

Eleven Thurber Boulevard, Smithfield, RI 02917

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: 43 Haswell Street, Providence, RI 02905

H. Brockenbrough Manville

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: provide personal asset management, bill-paying, and other financial services to individual and business clients.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated 4-15, 1999

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.

Personal Management Associates, LLC

Exact Name of Limited Liability Company

By [Signature]

Member

Title