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) 2. Exact name of the limited liabilty company 1. ID No. 82622 Personal Management Associates, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation PROVIDE PERSONAL ASSET MANAGEMENT, BILL-PAYING, AND OTHER PINANCIAL SERVICES TO RHODE ISLAND INDIVIDUAL AND BUSINESS CLIENTS 5. Principal office address Ciry RI 02888 Warwick 99 Colorado Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title H. BROCKENBROUG# MANVILLE Zip City State Street Address 02888 RI 99 Colorado Avenue Warwick 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) 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 State Zip Manager Name Manager Name Street Address ·Street Address Zio State .Cirv State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address Agent Name CHARLES S. SOKOLOFF, ESQ. 6 BLACKSTONE VALLEY PLACE, SUITE 301 Address V (1) City Zip LINCOLN 02865-

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

SEP 23 2005 BYAMF 17926

82622 DLLC 09/21/05 07:38:34 PM
File Date
Check No.
Ву:
FOR SECRETARY OF STATE USE ONLY

Officer penalty or perjury, I decide and arriver that I is	IATE CABITI	11100
this report, including any accompanying schedules at		nts.
and that all statements contained heroin are true and	correct.	
	/	

Signature of Authorized Person Date

H. Brockenbrough Manville

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street. Providence, RI 02903-1335 401,222.3040

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPE								
1. ID No. 82622	2. Exact name o							
3. State of Formation			Associates, LLC he character of the busines	s which is actually cone	lusted in Dhad	a Island		
RHODE ISLAND	AL ASSET MANAGEM BUSINESS CLIENT	ENT, BILL-PAYI			ANCIAL SE	RVICES TO		
5. Principal office addre				City		State		Zip
99 Colorado A	venue			Warwick		RI		02888
6. MAILING ADDI	RESS OF LIM	IITED LIAB	LITY COMPANY AI	ND NAME OR TIT	TLE OF CO	NTACT PI	erson:	
H. BROCKENBRO	UG# MANVIL	LE		•				
Street Address				City		State		Zip
99 Colorado Av		Warwick		RI		02888		
7. NAME AND ADI	FIL	L IN SPACES	GER OF THE LIMIT BEFORE USING ATTA INAGERS REQUIRES F	CHMENTS ("X" B	OX FOR ATT	ACHMENT)		
				:				
Street Address		•		Street Address		-		
City	State		Zip	*City		State	·	Zip
Manager Name	J	• • • • •	l	Manager Name	• • • • •	l		•••••
Street Address				·Street Address				
City	State		Zip	City		State	20	Zip . (n Orn
8. RESIDENT AGEN Agent Name	T IN RHODE	ISLAND - <i>DO</i>	<i>NOT ALTER</i> - Change	s require filling (<i>Address</i>	of Form 6	42 - R.I.G.L.	7-16-11	OS X
1 [*]	YOLOFF ES	^		6 BLACKSTON	e united	DIACE	CITTER N	01
CHARLES S. SO	KOLOFF, ES	Q		City	E VALLEI	PLACE,	Zip	01.
Address							` >	795
				LINCOLN			02865	1 T
							 85 	Aid SAIG
This report must be	signed in ink	by an auth	oriz <mark>ed</mark> person pursud	ant to 7-16-66.		SEP 2.;		
					ಟ	YY	ME	
						779	26	
*82622 DLLC 09/				Under penalty this report, inc and that all sta	luding any actements confi	ecompanying ained herein	schedules a	nd statements.
Check No				Signature of Au			Date Appville	
Ву:			 	H. Broo			iaiiviile	-
FOR SECRETARY OF	Trou or Type W	anc oj namori	ILCM 1 TF3UII		Form 632 Rev. 6/02			



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

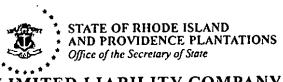
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: Sep (FORM MUST BE TY			Filing Fee: \$50.00				
1. ID No. 82622	2. Exact name of the limited liabilty company Personal Management Associates, LLC						
3. State of Formation	_1	4. Brief description of the character of the business which is actually conducted in Rhode Island					
RHODE ISLAN	D		NAL ASSET MANAGEM D BUSINESS CLIENT	ENT, BILL-PAYING, S	AND OTHER FIR	NANCIAL SERVIC	ES TO
5. Principal office ad 43 HASWELL S				City PROVIDENCE	State RI	2ip 029	05
6. MAILING AD Contact Name H. BROCKENBR		NAITTE TIVE	ILITY COMPANY AN	ND NAME OR TITLE Contact Title	OF CONTACT I	'ERSON:	
Street Address 43 HASWELL S	Т.			City PROVIDENCE	State R I	Zip 0290)5-
7. NAME AND A Manager Name		FILL IN SPACES	BEFORE USING ATTA	ED LIABILITY COMICHMENTS ("X" BOX FILING OF AMENDMENT. R	OR ATTACHMENT		
Sircei Address				· Sireci Address			
City		State	Zip	*City	State	Zip	
Manager Name		l		Manager Name			• • • • •
Sireet Address		-	·	*Street Address	.		
City		State	Zip	City	State	Zip	
8. RESIDENT AG Agent Name CHARLES S. S			NOT ALTER- Change	s require filing of Fo Address ELEVEN THURBER		J. 7-16-11	
Address				City		Zip	
				SMITHFIELD	02917		
				SMITHFIELD		02917	

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

82622 DLI	C 09/05/03 11:01:07 AM
File Date	9-22-03
Check No.	11327
	di

	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.
	9/17/03
	Signature of Authorized Person Date
_	H. Brockenbrough Manville
	Print or Type Name of Authorized Person



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

. ID No.	13.5	RINTED IN BLACK)	linkilm company				-
82622°	Perso	name of the limited liability company nal Management Associates, LLC					
State of Formation		4. Brief description of the character of the husiness which is actually conducted in Rhode Island PROVIDE PERSONAL ASSET MANAGEMENT, BILL-PAYING, AND OTHER FINANCIAL SERVICES TO					ES TO
RHODE ISLAN	٧D		ND BUSINESS C		AND OTHER TI	MARCINE DERVIC	
5. Principal office address			City	State	Zip		
3 HASWELL	STREET			PROVIDENCE	RI	029	05
, MAILING AI	DDRESS (OF LIMITED LIA	BILITY COMPA	NY AND NAME OR TITLE	OF CONTACT	PERSON:	
ontact Name . BROCKENB	POLICE	MANVILLE		Contact Title Member			
tree Address	ROUGH	- I DATE TO SEE	·	City	State	Zip	-
3 HASWELL S	ST.			PROVIDENCE	RI	029)5-
NAME AND	ADDRESS	OF EACH MAN	AGER OF THE I	IMITED LIABILITY COM	PANY, IF APPL	ICABLE	
		FILL IN SPACE	ES BEFORE USING	ATTACHMENTS ("X" BOX F	OR ATTACHMEN	n ⊔ .	
	ANY M	ODIFICATIONS TO	MANAGERS REQU	IRES FILING OF AMENDMENT. R	l.I.G.L 7-16-12 (a)	(2) / /-16-52	
anager Name				· Manager Name ·			
ircet Address		 -		Street Address	<u> </u>	<u> </u>	
INTEL MUDICAS				•			
City		State	Zip	*City	State	Zip	-
]				J	
Manager Name				*Manager Name			
Street Address				· Street Address		<u> </u>	
MICEL MOULESS				•			
Zity		State	Zip	City	State	Zip	
		<u> </u>		· · · · · · · · · · · · · · · · · · ·			
	GENT IN R	HODE ISLAND -	OO NOT ALTER- CH	nanges require filing of Fe	orm 642 - R.I.G	ال-10-11	
gent Name	0040101	EE ESO		ELEVEN THURBER	BOULEVARD		
CHADICE	CINKI 11 I 11	II, LOW.					
	SOKOLOI	<u> </u>	-	City		Zip	
				City SMITHFIELD		2ip 02917	
	t be signed	dinink by an at	uthorized person	pursuant to 7-16-66. Under penalty of pothis report, includin	ig any accompany		ements,
*82622 DLLC	t be signed • 8	d in ink by an at 2 6 2 2 *	uthorized person	pursuant to 7-16-66. Under penalty of pothis report, includin	ig any accompany	d affirm that I have e	ements,
Iddress This report mus	t be signed • 8	dinink by an at	uthorized person	pursuant to 7-16-66. Under penalty of pothis report, includin	ig any accompany	d affirm that I have e	ements,
*82622 DLLC	t be signed • 8	d in ink by an at 2 6 2 2 *	uthorized person	pursuant to 7-16-66. Under penalty of pothis report, includin	nts contained here	d affirm that I have e	ements,
*82622 DLLC	t be signed • 8	d in ink by an at 2 6 2 2 *	uthorized person	pursuant to 7-16-66. Under penalty of pothis report, includin and that all stateme	nts contained here	d affirm that I have eging schedules and stationare true and correct	ements,

To be filed annually between September 1 and November 1

ra∰ar s



ID Number DLLC 82622

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State t Providence, Rhode Island 02903-1335 3040 -

D LIABILITY COMPANY.

Corporations Division 100 North Main Stree Telephone (401) 222-
LIMITED

Annual	Report	for	the	year	<u> 2001</u>

1.	The name of the limited liability company i	s:					
	Personal Management Associates, LLC	<u></u>					
2.	The address of the principal office of the li	mited liability company is:					
	43 Haswell Street, Provi	dence, RI 02905					
3.	The state or other jurisdiction under the la	ws of which it is formed is RHODE ISLAND					
4.							
٧.	ELEVEN THURBER BOULEVARD SMIT						
5.	_	liability company and the name or title of a person to whom	communications				
	may be directed are: H. Brocken	brough Manville, Member					
	43 Haswell Street, Provi	dence, RI 02905					
6.	To provide personal	business in which the limited liability company is actually asset managment, bill-paying, and othorized or individual and business clients.					
7.	If the limited liability company has manage Name	ers, the name and address of each manager of the limited li Address	iability company				
							
Da	ted 9-10-01	Under penalty of perjury, I declare and affirm that I ha report, including any accompanying schedules and that all statements contained herein are true and correct	statements, and				
		Personal Management Associates,	LLC				
	8 2 6 2 2	Exact Name of Limited Liability Company					
	FOR SECRETARY OF STATE USE ONLY						
File	Date:	Ву					
Che	eck No.:		·				
By:			Form No. 632 Revised 01/99				

To be filed annually between September 1 and November 1

Revised 01/99



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

By:

Annual Report for the year 2000

	· · · · · · · · · · · · · · · · · · ·	• • •					
1.	The name of the limited liability compa	iny is:					
	Personal Management Associates, LL	C					
2.	The address of the principal office of the	he limited liability company is:					
	43 Haswell Street, Provi	idence, RI 02905					
3.	The state or other jurisdiction under th	e laws of which it is formed is RHODE ISLAND					
4.	4. The name and address of its resident agent is: CHARLES S. SOKOLOFF						
	ELEVEN THURBER BOULEVARD S	MITHFIELD RI 02917					
5.	The current mailing address of the lim	ited liability company and the name or title of a person to whom communications					
	may be directed are: H.Brocker	nbrough Manville, Member					
		ll Street, Providence, RI 02905					
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in thi To provide personal asset management, bill-paying, and other state: financial services to individual and business clients.						
7.	If the limited liability company has man Name	nagers, the name and address of each manager of the limited liability company Address					
File	FOR SECRETARY OF STATE USE ONLY Date: $9-15-00$	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 Management Associates (Company)					
Che	ck No.: (1/1) 466	Title Form No. 632					

Ву:

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 <u>LL 82622</u>	Annual Report for the year 1999	
1.	The name of the limited liability company is	S:	
	Personal Management Associates, LLC		
2.	The address of the principal office of the li		
3.	The state or other jurisdiction under the law	ws of which it is formed is RHODE ISLAND	
4.	The name and address of its resident age	nt is: CHARLES S. SOKOLOFF	
	ELEVEN THURBER BOULEVARD SMIT	HFIELD, RI 02917	
5.	·	liability company and the name or title of a person to whom ckenbrough Manville, Member	communications
	·	well Street, Providence, RI 02905	
 7. 	To provide personal as state: <u>financial services to</u>	business in which the limited liability company is actually seet management, bill-paying, and other individual and business clients. ers, the name and address of each manager of the limited liability address	er
	FOR SECRETARY OF STATE USE ONLY	Under penalty of perjury, I declare and affirm that I hav report, including any accompanying schedules and s that all statements contained herein are true and correct. Personal Management Associates, Li Exact Name of Limited Liability Company	statements, and
	eck No.: 9:3622 10326	MEMBER	
Ву:	Anna C		Form No. 632 Revised 01/99



Form No. LLC-19 Revised 8/97

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 <u>§2622</u>	Annual Report for the year1998		
1.	The name of the limited liability company is	: :		
	Personal Management Assoc	ciates, 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 law			
4.	The name and address of its resident agent is: Charles S. Sokoloff			
	Eleven Thurber Boulevard,	Smithfield, RI 02917		
5.	•			
	communications may be directed are: 43 Haswell Street, Providence, RI 02905			
	H. Brockenbrough Manville	<u> </u>		
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in this			
		ement, bill-paying, and other financial services to		
7.	individual and business clied If the limited liability company has mana	gers, the name and address of each manager of the limited liability		
	company <i>Name</i>	Address		
Da	nted <u>4-15</u> , 19 <u>99</u>	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.		
	APR 2 9 1099	Personal Management Associates, LLC		
	- Dun 333 161	Exact Name of Limited Liability Company		
	APR 23 19 16 41 99%	By		
	$\mathcal{L}_{\mathrm{AR}} = \mathcal{L}_{\mathrm{AR}} = 00$	Member		
Fo	TAN TO PART OF THE CONTROL OF THE CO	Title		



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 <u>\$2622</u>	Annual Report for the year1997	
1.	The name of the limited liability company	y is:	
	Personal Management Ass	ociates, LLC	
2.	The address of the principal office of the	limited liability company is:	
	43 Haswell Street, Prov	idence, RI 02905	
3.	The state or other jurisdiction under the I	aws of which it is formed is: Rhode Island	
4.	4. The name and address of its resident agent is: Charles S. Sokoloff		
	Eleven Thurber Boulevar	d, Smithfield, RI 02917	
5.	The current mailing address of the I	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 Manvil	le	
6.	A brief statement of the character of the	e business in which the limited liability company is actually engaged in this	
σ.		nagement, bill-paying, and other financial services to	
7.		clients. Inagers, the name and address of each manager of the limited liability	
	company Name	Address	
	(-		
Da	ated $4-15$, 19 $\frac{99}{1}$	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.	
Da	APR 2 9 1999	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Personal Management Associates, LLC	
Da		report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.	
Di		report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Personal Management Associates, LLC	

Form No. LLC-19 Revised 8/97



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 <u>§2622</u>	Annual Report for the year 1996		
1.	The name of the limited liability company is	:		
	Personal Managment Assoc	iates, LLC		
2.	The address of the principal office of the lin	nited liability company is:		
	43 Haswell Street, Provid	ence, RI 02905		
3.	The state or other jurisdiction under the law	s 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 lim	ited 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 the			
	state: provide personal asset mana	gement, bill-paying, and other financial services to		
7.		ents. gers, the name and address of each manager of the limited liability		
	company <i>Name</i>	Address		
_	4-15 199	Under penalty of perjury, I declare and affirm that I have examined this		
U	sted	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.		
	APR 2 9 1999	Personal Management Associates, LLC		
	121) A 37 665 mm	Exact Name of Limited Liability Company		
		By mills		
	#1915 DE REPAIRS	Member		
	BECEINED	Tille		