



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

2005

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

|  |                    |   |                                 |                     |     |
|--|--------------------|---|---------------------------------|---------------------|-----|
| 1. ID No.<br><b>92222</b>  |                    | 2. Exact name of the limited liability company<br><b>TECHNOLOGY ADVISORY GROUP, LLC</b>   |                                 |                     |     |
| 3. State of Formation<br><b>RHODE ISLAND</b>   |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>COMPUTER AND NETWORK CONSULTING</b> |                                 |                     |     |
| 5. Principal office address<br><b>909 North Main Street</b>  |                    | City<br><b>Providence</b>   | State<br><b>RI</b>              | Zip<br><b>02904</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |                    |   |                                 |                     |     |
| Contact Name<br><b>Gary I. Harlam</b>  |                    |   | Contact Title<br><b>Manager</b> |                     |     |
| Street Address<br><b>909 North Main Street</b>   |                    | City<br><b>Providence</b>   | State<br><b>RI</b>              | Zip<br><b>02904</b> |     |
| 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><b>Gary I. Harlam</b>  |                    |   | Manager Name<br><b>None</b>     |                     |     |
| Street Address<br><b>909 North Main Street</b>   |                    | Street Address  |                                 |                     |     |
| City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02904</b>   | City                            | State               | Zip |
| Manager Name<br><b>None</b>  |                    |   | Manager Name<br><b>None</b>     |                     |     |
| 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><b>MARTIN P. SLEPKOW, ESQ.</b>   |                    |   | Address                         |                     |     |
| Address<br><b>1481 WAMPANOAG TRAIL</b>   |                    | City<br><b>EAST PROVIDENCE</b>  |                                 | Zip<br><b>02915</b> |     |

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



\*92222\*

|                                 |                 |
|---------------------------------|-----------------|
| File Date                       | <b>11-01-05</b> |
| Check No.                       | <b>0081</b>     |
| By:                             | <b>HP</b>       |
| 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.

Signature of Authorized Person

Date

**Gary I. Harlam, Manager**

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  
160 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><b>92222</b>  |                    | 2. Exact name of the limited liability company<br><b>TECHNOLOGY ADVISORY GROUP, LLC</b>   |                                 |                     |     |
| 3. State of Formation<br><b>RHODE ISLAND</b>   |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>COMPUTER AND NETWORK CONSULTING</b> |                                 |                     |     |
| 5. Principal office address<br><b>909 North Main Street</b>  |                    | City<br><b>Providence</b>   | State<br><b>RI</b>              | Zip<br><b>02904</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |                    |   |                                 |                     |     |
| Contact Name<br><b>Gary I. Harlam</b>  |                    |   | Contact Title<br><b>Manager</b> |                     |     |
| Street Address<br><b>909 North Main Street</b>   |                    | City<br><b>Providence</b>   | State<br><b>RI</b>              | Zip<br><b>02904</b> |     |
| 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><b>Gary I. Harlam</b>  |                    | Manager Name<br><b>None</b>   |                                 |                     |     |
| Street Address<br><b>909 North Main Street</b>   |                    | Street Address  |                                 |                     |     |
| City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02904</b>   | City                            | State               | Zip |
| Manager Name<br><b>None</b>  |                    | Manager Name<br><b>None</b>   |                                 |                     |     |
| 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><b>MARTIN P. SLEPKOW, ESQ.</b>   |                    |   | Address                         |                     |     |
| Address<br><b>1481 WAMPANOAG TRAIL</b>   |                    | City<br><b>EAST PROVIDENCE</b>  | Zip<br><b>02915</b>             |                     |     |

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



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|                                 |                 |
|---------------------------------|-----------------|
| File Date                       | <b>10/21/04</b> |
| Check No                        | <b>2346</b>     |
| By                              | <b>W</b>        |
| 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.

Signature of Authorized Person  
**Gary I. Harlam**

Date  
**10/14/04**

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  
160 North Main Street  
Providence, RI 02903-1335  
401.222.3646

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<br><b>92222</b>   |                    | 2. Exact name of the limited liability company<br><b>TECHNOLOGY ADVISORY GROUP, LLC</b>   |                     |
| 3. State of Formation<br><b>RHODE ISLAND</b>   |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>COMPUTER AND NETWORK CONSULTING</b> |                     |
| 5. Principal office address<br><b>909 NORTH MAIN STREET</b>  |                    | City<br><b>PROVIDENCE</b>   | State<br><b>RI</b>  |
|  |                    | Zip<br><b>02904</b>   |                     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |                    |   |                     |
| Contact Name<br><b>GARY I. HARLAM</b>  |                    | Contact Title<br><b>MANAGER</b>   |                     |
| Street Address<br><b>909 NORTH MAIN STREET</b>   |                    | City<br><b>PROVIDENCE</b>   | State<br><b>RI</b>  |
|  |                    | Zip<br><b>02904</b>   |                     |
| 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><b>GARY I. HARLAM</b>  |                    | Manager Name<br><b>NONE</b>   |                     |
| Street Address<br><b>909 NORTH MAIN STREET</b>   |                    | Street Address  |                     |
| City<br><b>PROVIDENCE</b>  | State<br><b>RI</b> | Zip<br><b>02904</b>   |                     |
| Manager Name<br><b>NONE</b>  |                    | Manager Name<br><b>NONE</b>   |                     |
| Street Address   |                    | Street Address  |                     |
| 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><b>MARTIN P. SLEPKOW, ESQ.</b>   |                    | Address   |                     |
| Address<br><b>1481 WAMPANOAG TRAIL</b>   |                    | City<br><b>EAST PROVIDENCE</b>  | Zip<br><b>02915</b> |

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



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|                                 |                 |
|---------------------------------|-----------------|
| File Date                       | <b>10 15 03</b> |
| Check No                        | <b>2053</b>     |
| By                              | <b>2</b>        |
| 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.

Signature of Authorized Person **GARY I. HARLAM, Manager** Date **10/7/03**  
Print or Type Name of Authorized Person



# 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.<br><b>92222</b>  |                    | 2. Exact name of the limited liability company<br><b>TECHNOLOGY ADVISORY GROUP, LLC</b>   |                     |
| 3. State of Formation<br><b>RHODE ISLAND</b>   |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>COMPUTER AND NETWORK CONSULTING</b> |                     |
| 5. Principal office address<br><b>909 North Main Street</b>  |                    | City<br><b>Providence</b>   | State<br><b>RI</b>  |
|  |                    | Zip<br><b>02904</b>   |                     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |                    |   |                     |
| Contact Name<br><b>Gary I. Harlam</b>  |                    | Contact Title<br><b>Manager</b>   |                     |
| Street Address<br><b>909 North Main Street</b>   |                    | City<br><b>Providence</b>   | State<br><b>RI</b>  |
|  |                    | Zip<br><b>02904</b>   |                     |
| 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><b>Gary I. Harlam</b>  |                    | • Manager Name<br>• None  |                     |
| Street Address<br><b>909 North Main Street</b>   |                    | • Street Address<br>•   |                     |
| City<br><b>Providence</b>  | State<br><b>RI</b> | City<br>•   | State<br>•          |
| Zip<br><b>02904</b>  |                    | City<br>•   | State<br>•          |
| Manager Name<br><b>None</b>  |                    | • Manager Name<br>• None  |                     |
| Street Address<br>•  |                    | • Street Address<br>•   |                     |
| City<br>•  | State<br>•         | City<br>•   | State<br>•          |
| Zip<br>•   |                    | City<br>•   | State<br>•          |
| 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><b>MARTIN P. SLEPKOW, ESQ.</b>   |                    | Address<br>•  |                     |
| Address<br><b>1481 WAMPANOAG TRAIL</b>   |                    | City<br><b>EAST PROVIDENCE</b>  | Zip<br><b>02915</b> |

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



\* 9 2 2 2 2 \*

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <u>9.24.02</u>     |
| Check No.                       | <u>1777</u>        |
| By:                             | <u>[Signature]</u> |
| 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.

Signature of Authorized Person [Signature] Date 9/18/02  
**Gary I. Harlam, Manager**  
Print or type Name of Authorized Person

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 92222

Annual Report for the year 2001

1. The name of the limited liability company is:

TECHNOLOGY ADVISORY GROUP, LLC

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

909 North Main Street, Providence, RI 02904

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: MARTIN P. SLEPKOW, ESQ.

1481 WAMPANOAG TRAIL EAST PROVIDENCE RI 02915

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: Gary I. Harlam, 909 North Main Street, Providence, RI 02904

(Manager)

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Technology design and computer programing

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

| Name                  | Address  |
|-----------------------|--|
| <u>Gary I. Harlam</u> | <u>909 North Main Street, Providence, RI 02904</u> |
| <u></u>               | <u></u>  |
| <u></u>               | <u></u>  |

Dated 9/26/01



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.

TECHNOLOGY ADVISORY GROUP, LLC

Exact Name of Limited Liability Company

By Gary I. Harlam, Manager

Gary I. Harlam, Manager

Title

Form No. 632  
Revised 01/99

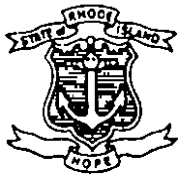
|                                 |                |
|---------------------------------|----------------|
| FOR SECRETARY OF STATE USE ONLY |                |
| File Date:                      | <u>9-24-01</u> |
| Check No.:                      | <u>1577</u>    |
| By:                             | <u>26</u>      |

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 92222

Annual Report for the year 2000

1. The name of the limited liability company is:

TECHNOLOGY ADVISORY GROUP, LLC

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

909 North Main St. Providence, RI 02904

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: MARTIN P. SLEPKOW, ESQ.

1481 WAMPANOAG TRAIL EAST PROVIDENCE RI 02915

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: GARY HARLAM

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Computer + Network Consulting

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

GARY HARLAM

same

Dated 10/20/2000



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.

Technology Advisory Group, LLC.  
Exact Name of Limited Liability Company

By

[Signature]  
President

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

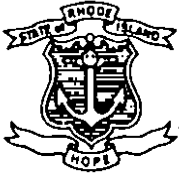
Check No.:

By:

Form No. 632  
Revised 01/99

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 LL 92222

Annual Report for the year 1999

1. The name of the limited liability company is:

TECHNOLOGY ADVISORY GROUP, LLC

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

909 NORTH MAIN STREET, PROVIDENCE, RI 02904

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: MARTIN P. SLEPKOW, ESQ.

1481 WAMPANOAG TRAIL EAST PROVIDENCE, RI 02915

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: GARY I. HARLAM

909 NORTH MAIN STREET, PROVIDENCE, RI 02904

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this

state: OPERATE A BUSINESS INVOLVING TECHNOLOGY DESIGN, COMPUTER PROGRAMING AND  
SALES OF RELATED GOODS AND SERVICES

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

Name

Address

GARY I. HARLAM

909 NORTH MAIN STREET, PROVIDENCE, RI 02904

Dated

9/10/99

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.



TECHNOLOGY ADVISORY GROUP, LLC

Exact Name of Limited Liability Company

By

GARY I. HARLAM, Manager

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9-22-99

Check No.: 1180

By: AMF

Form No. 632  
Revised 01/99

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 LL 92222

Annual Report for the year 1998

1. The name of the limited liability company is:

TECHNOLOGY ADVISORY GROUP, LLC

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

321 HOPE STREET, PROVIDENCE, RI 02906

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: MARTIN P. SLEPKOW, ESO.

1481 WAMPANOAG TRAIL, EAST PROVIDENCE, RI 02915

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: 321 HOPE STREET, PROVIDENCE, RI 02906

GARY I. HARLAM

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: OPERATE A BUSINESS INVOLVING TECHNOLOGY DESIGN, COMPUTER PROGRAMMING AND SALE OF RELATED GOODS AND SERVICES.

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

*Name*

*Address*

GARY I. HARLAM

909 NORTH MAIN STREET, PROVIDENCE, RI 02904

Dated OCTOBER 1, 1998



\* 9 2 2 2 2 \*

FOR SECRETARY OF STATE USE ONLY

File Date: 11.5.98

Check No.: 1026

By: 114

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.

TECHNOLOGY ADVISORY GROUP, LLC

*Exact Name of Limited Liability Company*

By

GARY I. HARLAM

MANAGER

*Title*

Form No. LLC-19  
Revised 8/97

DETACH BOTTOM BEFORE RETURNING



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 0092222

Annual Report for the year 1997

1. The name of the limited liability company is:

TECHNOLOGY ADVISORY GROUP, LLC

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

321 Hope Street, Providence, RI 02906

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: Gary Yesser, One Providence Washington Plaza,

Providence, RI 02903

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: 321 Hope Street, Providence, RI 02906

Lawrence I. Kahn

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Operation of business involving technology design, computer programming, and sale of related goods.

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

*Name*

*Address*

Gary I. Harlam

321 Hope Street, Providence, RI 02906

Dated 11/17, 19 97

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.

Technology Advisory Group, LLC

*Exact Name of Limited Liability Company*

By

Gary I. Harlam  
Manager

*Title*

**FILED**

NOV 24 1997

BY 11/17/97

att #2011