

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 02903-1,335 401,222,3040

2005

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

FORM MUST BE TYPE	D OR PRINTED IN BLACK) –							
1. II) No. 92222	1	Exact name of the limited liability company  ECHNOLOGY ADVISORY GROUP, LLC						
3. State of Formation RHODE ISLAND	1	n of the character of the busine AND NETWORK CONSUL	ess which is actually conducted in Rhode Is LTING	land				
5. Principal office addre	26		City	State	Zip			
909 North	Main Street		Providence	RI	02904			
6. MAILING ADDR Gintact Name Gary I. Ha		LITY COMPANY AND N	Contact Title  Contact Title  Manager	• 1 11 12 1 1 1				
Sinci Address 909 North	Main Street		Guy Providence	State R	I 2ip 02904			
	FILL IN SPA	ACES BEFORE USING A	LIABILITY COMPANY, IF APPLICATE ACHMENTS ("X" BOX FOR S FILING OF AMENDMENT, R.I.	ATTACHMENT)				
Manager Name Gary I. Ha	arlam		Manager Name None					
Sinvi Address 909 North	Main Street		Stron Address					
City Providence RI 21p 02904			Guy	State	Ztp			
Manuger Name None			Manager Name None					
Street Address			Street Address					
City >	State	Zip	City	State	Zip			
8. RESIDENT AGE: Agent Name MARTIN P. SLEPKO		DO NOT ALTER - Cha	nges require filing of Form 64	2 - R.I.G.L. 7-16-1				
Address 1481 WAMPANOAG	TRAIL		EAST PROVIDENCE	City EAST PROVIDENCE Zip 02915				
			<del></del>	<u> l</u>				

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

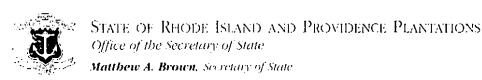
	*92222*
File Date	11.01.05
Check No.  By:	1000
	FOR SECRETARY OF STATE USE ONLY

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 une and correct.

Signature of militarized Perfort

Gary I. Harram, Manager

Print or Type Name of Authorized Person



Corporations Division 100 North Main Street Procidence, RI 02903-1335 401-222 3040

#### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_\_ 2004\_\_\_\_

Filing Period: Sept FORM MUST BE TYPE			• Filing Fee: \$50.00	9					
£ ID No	2 Tyaet	Exact name of the immed initiality company							
92222	TECH	NOLOGY ADVI	LOGY ADVISORY GROUP, LLC						
3 State of Formation (i. Besel description of the character of the business				ess which is actually conducted in Rhode i	sland				
RHODE ISLAND COMPUTER AND NETWORK CONSUL				ILTING					
5 Princ pal office addr	TCSS	•		City	State	[.	/φ		
909 North Main Street				Providence	RI		02904		
6. MAILING ADDI	RESS OF L	IMITED LIABI	LITY COMPANY AND N	KAME OR TITLE OF CONTACT P	ERSON:	•			
Contact Name				Contact 1 de					
Gary I.	Harlam			Manager					
Street Address				Girj	State		Хф		
909 Nort	h Main	Street		Providence	RI		02904		
A Manager Name	NY MODI			ATTACHMENTS ("X" BOX FOR ES FILING OF AMENDMENT, R.I. Manager Name			52		
Gary I.	Harlam			None	None				
Street Address 909 Nort	h Main	Street		Street Address					
Providen	ce	RI RI	7°2904	Ca;	State		Стр		
Manager Name None				Manaçer Name None	Manager Name None				
Sircet Address				Street Address					
Caj		State	Ziji	City	Siene		Zip		
Agent Name		ODE ISLAND	- DO NOT ALTER - Cha	anges require filing of Form 64	2 - R.I.G.L. 7-:	16-11			
MARTIN P. SLEPKOW, ESQ.				City	Cry Zq.				
1481 WAMPANOAG TRAIL				EAST PROVIDENCE					

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



File Date 10/21/04
Check No 3346
Bv
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 haven are true and correct.

Signature of Authorized Person

Gary 1. Harlam



# 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

iling Period: Septemb FORM MUST BE TYPED OF		• Filing Fee: \$50.00					
t ID No	2 Exact name of the limited habitity company						
92222		CHNOLOGY ADVISORY GROUP, LLC					
3 State of Formation	4 Brief description	of the character of the basines	ssubjeb is actually conducted in Rho	de Island			
RHODE ISLAND	COMPUTER A	ND NETWORK CONSULT	TING				
S. Principal office address			City	State	$Z\eta p$		
909 NORTH	MAIN STREET		PROVIDENCE	RI	02904		
6. MAILING ADDRESS Contact Name GARY I. H		ITY COMPANY AND NA	AME OR TITLE OF CONTACT  Contact Title  MANAGER	PERSON:			
Street Address 909 NORTH	MAIN STREET	· · · ·	PROVIDENCE	State RI	2 <i>p</i> 02904		
	FILL IN SPA	CES BEFORE USING AT	IABILITY COMPANY, IF APP FTACHMENTS ("X" BOX F S FILING OF AMENDMENT, F	OR ATTACHMENT)	(2) / 7-16-52		
Manager Name			Manager Same				
GARY I. H.	ARLAM		NONE				
Street Address		<u></u>	Street Address				
909 NORTH	MAIN STREET						
Ga	State	Zφ	City	State	ZФ		
PROVIDENC	E RI	02904				· · · · · · · · · · · · · · · · · · ·	
Manager Name NONE			Manager Name NONE				
Sirget Address		-	Street Address				
Ger	State	Zφ	Ca)	State	Zψ		
Agent Name		DO NOT ALTER - Char	nges require filing of Form Address	642 - R.I.G.L. 7-16	·11		
Address 1481 WAMPANOAG TRA			Can EAST PROVIDENCE	7 <i>p</i> 02915			
8. RESIDENT AGENT Deent Name MARTIN P. SLEPKOW, E	IN RHODE ISLAND -		Can  Address  Can	   642 - R.I.G.L. 7-16	-11 Zqr		

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	10	13	- <i>O</i>	3			
Check No _		a	ث	~3			ļ
Ву			2				

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I including any accompanying			
contained herein are true ar			
		10/7/03	•
Signature of Authorical Acts	Manager	Date	
Print or Type Name of Author			



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) 2. Exact name of the limited liabilty company I. ID No. 92222 TECHNOLOGY ADVISORY GROUP, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation COMPUTER AND NETWORK CONSULTING **RHODE ISLAND** 5. Principal office address 02904 RI Providence 909 North Main Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name Manager Gary I. Harlam City State Street Address 02904 RI Providence 909 North Main Street 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS **UST 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 None Gary I. Harlam Street Address Street Address 909 North Main Street State Cin Zip 02904 Manager Name Manager Name None None Street Address Street Address Zip State Zip State Cin 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

EAST PROVIDENCE

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



MARTIN P. SLEPKOW, ESQ.

1481 WAMPANOAG TRAIL

Address



this report, including any accomp	panying schedules and statements.  Therein are true and correct.
	alul
- $        -$	1/10/02
Signature of Autionized Verson	P Date

Under penalty of perjury, I declare and affirm that I have examined

Zip

02915

File Date 9.24.02

Check No. 17777

BY: TOR 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

#### LIMITED LIABILITY COMPANY



D Number	DLLC	92222
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Annual Report for the year 2001

	Number DLLC 32222	Allited Report for the year 2001						
1.	The name of the limited liability company	y is:						
	TECHNOLOGY ADVISORY GROUP, LL	.C						
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 ag	gent is: MARTIN P. SLEPKOW, ESQ.						
	1481 WAMPANOAG TRAIL EAST PRO	OVIDENCE RI 02915						
5.	The current mailing address of the limite	ed liability company and the name or title of a person to whom communications						
	may be directed are: <u>Gary I. Harlam, 909 North Main Street, Providence, RI</u> 02904							
	(Manager)	(Manager)						
6. A thief statement of the character of the business in which the limited liability company is actually engage								
	state: Technology design and computer programing							
7.	If the limited liability company has mana Name	gers, the name and address of each manager of the limited liability company  Address						
	Gary I. Harlam	909 North Main Street, Providence, RI 02904						
	and Q/20/11							
Da		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						
	9 2 2 2 2	Exact Name of Limited Liability Company						
File	FOR SECRETARY OF STATE USE ONLY  Date: 24-0/	Ву						
		Gary T. Harlam, Manager						
By:		Title Form No. 632 Revised 01/99						

By:

### 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

σı	Number DLLC 92222	Annual Report for the year 2000	
1.	The name of the limited liability compa	ny is:	
	TECHNOLOGY ADVISORY GROUP,	LLC	
2.	The address of the principal office of the Post Main	the limited liability company is:  St. Pauldance, RI 02904	
3.	The state or other jurisdiction under th	e 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 PE	ROVIDENCE RI 02915	
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:	HARLAM	
6.	state: Computer + Net	7 1	
7.	If the limited liability company has ma	nagers, the name and address of each manager of the limited liability company  **Address**	
	GATY HATLAM	SAME_	
Di	ated 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 And USON (DOVP) LC.  Exact Name of Limited Liebility Company	
Fil	FOR SECRETARY OF STATE USE ONLY e Date:	Ву	
Ch	cck No.: 12 \$65	Tite	
n		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

ID	Number L <u>L 92222</u>	Annual Report for the year 1999						
1.	The name of the limited liability company is							
	TECHNOLOGY ADVISORY GROUP, LLU							
2.	The address of the principal office of the lin							
	909 NORTH MAIN STREET, PROVIDENCE, RI 02904							
3.	The state or other jurisdiction under the law	vs 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 PROV	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 INV	OLVING TECHNOLOGY DESIGN, COMPUTER PROGRAMING AND						
7.	SALES OF RELATED GOODS If the limited liability company has manage Name	AND SERVICES rs the name and address of each manager of the limited liability company  Address						
	GARY I. HARLAM	909 NORTH MAIN STREET, PROVIDENCE, RI 02904						
Da	ated	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and						
	* 9 2 2 2 2 *	TECHNOLOGY ADVISORY GROUP, LLC  Exact Name of Limited Liability Gompany						
	FOR SECRETARY OF STATE USE ONLY  Date: 9-29-99	By GARY I. MARLAM, Manager						
Che	eck No.: 1/80	Title Form No. 632						
By:	AMF	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

ID	Number LL 92222	Annual Report for the year 1998	
1.	The name of the limited liability comp	pany is:	
	TECHNOLOGY ADVISORY GROUP	,шс	
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 t	the laws of which it is formed is RHODE ISLAND	
4.	The name and address of its residen	t agent is: MARTIN P. SLEPKOW, ESO.	
	1481 WAMPANOAG TRAIL, EAST	r PROVIDENCE, Rt 02915	
5.	The current mailing address of the	he limited liability company and the name or title of a person to whom  321 HOPE STREET, PROVIDENCE, RI 02906	
	GARY I. HARLAM		
<ol> <li>7.</li> </ol>	state: OPERATE A BUSINESS INV	of the business in which the limited liability company is actually engaged in this VOLVING TECHNOLOGY DESIGN, COMPUTER PROGRAMMING AND SALE OF VICES.  anagers, the name and address of each manager of the limited liability, company Address	
	GARY I. HARLAM	909 NORTH MAIN STREET, PROVIDENCE, RI 02904	
Da	ated OCTOBER , 1998	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	
	POR SECRETARY OF STATE USE ONLY  Color	GART I. HARLAM	
Ву:	11.0	MANAGER Title	
	v = 1	Fa No. 11 C 40	



### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

ID	Number 0092222	Annual Report for the year	1997		
1.	The name of the limited liability company is	s:			
	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		<del></del>		
5.	The current mailing address of the lim	nited liability company and the name or title of a p	erson 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					
7.	related goods. 7. If the limited liability company has managers, the name and address of each manager of the limited liability				
	company <i>Name</i>	Address			
	Gary I. Harlam	321 Hope Street, Providence, RI 02906	_		
			<del></del> _		
Da	ated	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		
	FILED	Technology Advisory Group, LLC			
	FILED NOV 2 1991	Exact Name of Limited Dability Company			
	01600 CDH 2011	By Gary I. Harlam			
	CONT.	Manager Title	<del></del>		