



Matthew A. Brown, Secretary of State

Providence, RI 02903
401.222

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. 142122		2. Exact name of the limited liability company Trivedi & Company LLC.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TAX SERVICES			
5. Principal office address 501 ROOSEVELT AVENUE		City CENTRAL FALLS	State RI	Zip 02863	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name NITIN TRIVEDI			Contact Title OWNER		
Street Address 501 ROOSEVELT AVENUE		City CENTRAL FALLS	State RI	Zip 02863	
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) / 7-16-92					
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 NITIN TRIVEDI			Address		
Address 501 ROOSEVELT AVENUE			City CENTRAL FALLS	Zip 02863	

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



File Date	9/20/05	*142122*
Check No.	2548	
By:		
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.

Nitin Trivedi 9/16/05
Signature of Authorized Person Date

NITIN TRIVEDI
Print or Type Name of Authorized Person