



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. 94025		2. Exact name of the limited liability company Problem Solvers, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ENGAGE IN THE PRACTICE OF GENERAL BUSINESS INCLUDING CONSULTING.	
5. Principal office address 5 Bayside Avenue		City Portsmouth	State RI
		Zip 02871	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Nina S. White Willever		Contact Title Agent	
Street Address 5 Bayside Avenue		City Portsmouth	State RI
		Zip 02871	
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 Dr. Stephen O. Fought		Manager Name Gina Fought	
Street Address 509 Bristol Court		Street Address 509 Bristol Court	
City Montgomery	State AL	Zip 36117	City Montgomery
			State AL
			Zip 36117
Street Address		Street Address	
City	State	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 NIN S. WHITE WILLEVER		Address	
Address 5 BAYSIDE AVENUE		City PORTSMOUTH	Zip 02871

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



File Date	<u>9/6/05</u> *94025*
Check No.	<u>12575</u>
By:	<u>DA</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.

Nina S. White Willever 9/6/05
Signature of Authorized Person Date

Nina S. White Willever
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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Main form containing sections 1-8: ID No. 94025, Problem Solvers, LLC, State of Formation RHODE ISLAND, Principal office address 5 Bayside Avenue, Portsmouth, RI 02871, Manager Name Dr. Stephen O. Fought, Gina Fought, Resident Agent NIN S. WHITE WILLEVER.

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



* 9 4 0 2 5 *

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: Nina S. White Willever, Date: 10/15/04

Nina S. White Willever

Print or Type Name of Authorized Person

File Date: 10/18/04, Check No.: 12164, By: [Signature]

FOR SECRETARY OF STATE USE ONLY



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. 94025		2. Exact name of the limited liability company Problem Solvers, LLC	
3. State of formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ENGAGE IN THE PRACTICE OF GENERAL BUSINESS INCLUDING CONSULTING.	
5. Principal office address 5 Bayside Avenue		City Portsmouth	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Nina S. White Willever		Contact Title Agent	Zip 02871
Street Address 5 Bayside Avenue		City Portsmouth	State RI
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		Zip 02871	
Manager Name Dr. Stephen O. Fought		Manager Name Gina Fought	
Street Address 509 Bristol Court		Street Address 509 Bristol Court	
City Montgomery	State AL	Zip 36117	City Montgomery
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 NIN S. WHITE WILLEVER		Address	
Address 5 BAYSIDE AVENUE		City PORTSMOUTH	Zip 02871-

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



* 9 4 0 2 5 *

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.

File Date 9-12-03
Check No. 11672
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

[Signature]
Signature of Authorized Person Date

Nina S. White Willever 9/11/03
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. 94025		2. Exact name of the limited liability company Problem Solvers, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ENGAGE IN THE PRACTICE OF GENERAL BUSINESS INCLUDING CONSULTING.	
5. Principal office address 5 Bayside Avenue		City Portsmouth	State RI
		Zip 02871	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Nina S. White Willever		Contact Title Agent	
Street Address 5 Bayside Avenue		City Portsmouth	State RI
		Zip 02871	
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 Dr. Stephen O. Fought		Manager Name Gina Fought	
Street Address 509 Bristol Court		Street Address 509 Bristol Court	
City Montgomery	State AL	City Montgomery	State AL
Zip 36117		Zip 36117	
Street Address		Street Address	
City	State	City	State
Zip		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 NIN S. WHITE WILLEVER		Address	
Address 5 BAYSIDE AVENUE		City PORTSMOUTH	Zip 02871-

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



File Date: 9.24.02

Check No.: 11198

By: *[Signature]*

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.

Nina S. White Willever
Signature of Authorized Person Date

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 94025

Annual Report for the year 2001

1. The name of the limited liability company is:

Problem Solvers, LLC

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

5 Bayside Avenue, Portsmouth, Rhode Island 02871

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: KENT A WILLEVER

LAW OFFICES OF KENT A. WILLEVER 5 BAYSIDE AVENUE PORTSMOUTH RI 02871-

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: Nina S. White Willever, Esquire, New Resident Agent, 5 Bayside Avenue

Portsmouth, RI 02871

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To engage in the general practice of business including ADR and consultation

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

Name

Address

Dr. Stephen O. Fought

509 Bristol Court, Montgomery, AL 36117

Gina Fought

509 Bristol Court, Montgomery, AL 36117

Dated September 4, 2001

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.



Problem Solvers, LLC

Exact Name of Limited Liability Company

By

Nina S. White Willever

Nina S. White Willever

Resident Agent

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

FILED

Check No.:

SEP 06 2001

By:

By SC 86

270764

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 obtained by contacting this office at 401.222.3040 or from our web site at www.state.ri.us

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 LL 94025

Annual Report for the year 2000

1. The name of the limited liability company is:

Problem Solvers, LLC

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

5 Bayside Avenue, Portsmouth, Rhode Island 02871

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: Kent A. Willever, Esquire, Law Offices of Kent A.

Willever, 5 Bayside Avenue, Portsmouth, RI 02871

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: Kent A. Willever, Esquire, Resident Agent, Law Offices of

Kent A. Willever, 5 Bayside Avenue, Portsmouth, RI 02871

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To engage in the practice of general business including ADR and consulting

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

Name

Address

Dr. Stephen O. Fought

105 Bristol Court, Montgomery, Alabama 36117

Gina Fought

105 Bristol Court, Montgomery, Alabama 36117

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.

Date: October 23, 2000

Problem Solvers, LLC

Exact Name of Limited Liability Company

FILED

OCT 24 2000

*City 43
3099*

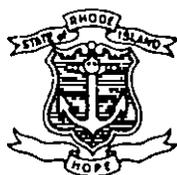
By Kent A. Willever

Kent A. Willever, Esquire, Resident Agent

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
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number LL 94025

Annual Report for the year 1999

- The name of the limited liability company is:
Problem Solvers, LLC
- The address of the principal office of the limited liability company is:
7 Mast Court, Middletown, Rhode Island 02842
- The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
- The name and address of its resident agent is: KENT A WILLEVER
PEABODY & ARNOLD LLP
PEABODY & ARNOLD ONE CITIZENS PLAZA, SUITE 1100 PROVIDENCE, RI 02903
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: _____
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: ENGAGE IN THE PRACTICE OF GENERAL BUSINESS INCLUDING ADR AND CONSULTING.
- If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>Dr. Stephen O. Fought</u>	<u>7 Mast Court, Middletown, RI 02842</u>
<u>Gina Fought</u>	<u>Same</u>

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.



Problem Solvers, LLC
Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY
 File Date: 9/29/99
 Check No.: 172
 By: [Signature]

By STEPHEN O. FOUGHT
PRESIDENT
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
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number LL 94025

Annual Report for the year 1998

1. The name of the limited liability company is:

Problem Solvers, LLC

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

7 Mast Court, Middletown, Rhode Island 02842

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: KENT A WILLEVER

PEABODY & ARNOLD LLP

PEABODY & ARNOLD ONE CITIZENS PLAZA, SUITE 840 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: Dr. Stephen O. Fought

c/o Problem Solvers, LLC, 7 Mast Court, Middletown, Rhode Island 02842

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: engage in the practice of general business including ADR and consulting.

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

Name

Address

Dr. Stephen O. Fought

7 Mast Ct., Middletown, RI 02842

Gina Fought

Same

Dated 9/5, 19 98



* 9 4 0 2 5 *

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.

Problem Solvers, LLC

Exact Name of Limited Liability Company

By [Signature]

STEPHEN O. FOUGHT

Member

President

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9/14/98

Check No.: 1022

By: [Signature]

Form No. LLC-19
Revised 8/97

DETACH BOTTOM BEFORE RETURNING