



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

Amended

Matthew A. Brown, Secretary of State  
Corporations Division  
148 W. River Street, Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005**  
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No. 124128		2. Exact name of the limited liability company Charles J. Means & Co., LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT ADVISORY COMPANY			
5. Principal office address <del>365 EDDY STREET</del> 312 Wickenden St.		City PROVIDENCE	State RI	Zip 02903-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name CHARLES J MEANS		Contact Title managing member			
Street Address 100 MORRIS AVENUE		City PROVIDENCE	State RI	Zip 02906-	
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		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 CHARLES J. MEANS		Address 100 MORRIS AVENUE			
Address		City PROVIDENCE	Zip 02906-		

OFFICE OF THE SECRETARY OF STATE  
 206 MAY 22 PM 1:37

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



\*124128 DLLC 05/19/06 02:11:00 PM\*

File Date: 5/19/06

Check No. \_\_\_\_\_

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.

[Signature] 5-19-06  
Signature of Authorized Person Date

Charles J Means  
Print or Type Name of Authorized Person