



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>119928</b>		2. Exact name of the limited liability company <b>COLLEGE ADVISORS GROUP LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>TO HELP FAMILIES PAY FOR A COLLEGE EDUCATION, TO PROVIDE EXPERT ADVICE AND ETHICAL FINANCIAL SOLUTIONS TO FAMILIES SEEKING TO FUND A HIGHER EDUCATION WHILE PRESERVING THEIR RETIREMENT.</b>	
5. Principal office address <b>784 Washington ST</b>		City <b>COVENTRY</b>	State <b>RI</b>
		Zip <b>02816</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>GAYLE M. JENDZEJEC</b>		Contact Title <b>PRESIDENT</b>	
Street Address <b>784 Washington ST</b>		City <b>COVENTRY</b>	State <b>RI</b>
		Zip <b>02816</b>	
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 <b>LOUISA MONTECALVO</b>		Manager Name	
Street Address <b>784 WASHINGTON ST</b>		Street Address	
City <b>COVENTRY</b>	State <b>RI</b>	City	State
Zip <b>02816</b>		Zip	
Manager Name		Manager Name	
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 <b>GAYLE M. JENDZEJEC</b>		Address	
Address <b>58 REGINA DRIVE</b>		City <b>WEST GREENWICH</b>	Zip <b>02817-</b>

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



**FILED**

\*119928\*

File Date **SEP 01 2005**

Check No. **By 1237**

By: **GSA**

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.

**G M Jendzejec** 8-30-05  
Signature of Authorized Person Date

**GAYLE M. JENDZEJEC**  
Print or Type Name of Authorized Person



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# 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 119928		2. Exact name of the limited liability company COLLEGE ADVISORS GROUP LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO HELP FAMILIES PAY FOR A COLLEGE EDUCATION, TO PROVIDE EXPERT ADVICE AND ETHICAL FINANCIAL SOLUTIONS TO FAMILIES SEEKING TO FUND A HIGHER EDUCATION WHILE PRESERVING THEIR RETIREMENT.	
5. Principal office address 784 Washington St		City COVENTRY	State RI
		Zip 02816	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name GAYLE M. JENDZEJEC		Contact Title PRESIDENT	
Street Address 784 Washington St		City COVENTRY	State RI
		Zip 02816	
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 Louisa M. Montecarlo		Manager Name Vice - Pres	
Street Address 784 Washington St		Street Address	
City COVENTRY	State RI	City	State
Zip 02816		Zip	
Manager Name		Manager Name	
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 GAYLE M. JENDZEJEC		Address	
Address 58 REGINA DRIVE		City WEST GREENWICH	Zip 02817

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



\* 1 1 9 9 2 8 \*

File Date	12/2/04
Check No.	1063
By:	GD
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 Gayle M. Jendzejec Date 11/24/04  
Print or Type Name of Authorized Person Gayle M. Jendzejec



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>119928</b>		2. Exact name of the limited liability company <b>COLLEGE ADVISORS GROUP LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>TO HELP FAMILIES PAY FOR A COLLEGE EDUCATION, TO PROVIDE EXPERT ADVICE AND ETHICAL FINANCIAL SOLUTIONS TO FAMILIES SEEKING TO FUND A HIGHER EDUCATION WHILE PRESERVING THEIR RETIREMENT.</b>	
5. Principal office address <b>784 WASHINGTON ST.</b>		City <b>COVENTRY</b>	State <b>RI</b>
		Zip <b>02816</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Gayle M. Jendzejec</b>		Contact Title <b>PRESIDENT</b>	
Street Address <b>784 WASHINGTON ST.</b>		City <b>COVENTRY</b>	State <b>RI</b>
		Zip <b>02816</b>	
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 <b>Gayle M. Jendzejec</b>		Manager Name	
Street Address <b>58 Regina Drive</b>		Street Address	
City <b>W. Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	
Manager Name <b>LOUISA M. MONTECALVO</b>		Manager Name	
Street Address <b>6 VALEY ST.</b>		Street Address	
City <b>ASSONET</b>	State <b>MA</b>	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 <b>GAYLE M. JENDZEJEC</b>		Address	
Address <b>58 REGINA DRIVE</b>		City <b>WEST GREENWICH</b>	Zip <b>02817-</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>9-11-03</b>
Check No.	<b>1182</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 **Gayle M. Jendzejec** Date **9403**  
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. <b>119928</b>		2. Exact name of the limited liability company <b>COLLEGE ADVISORS GROUP LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>TO HELP FAMILIES PAY FOR A COLLEGE EDUCATION, TO PROVIDE EXPERT ADVICE AND ETHICAL FINANCIAL SOLUTIONS TO FAMILIES SEEKING TO FUND A HIGHER EDUCATION WHILE PRESERVING THEIR RETIREMENT.</b>	
5. Principal office address <b>784 WASHINGTON ST</b>		City <b>COVENTRY</b>	State <b>RI</b>
		Zip <b>02816</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>GAYLE M. JENDZEJEC</b>		Contact Title <b>PRES</b>	
Street Address <b>784 WASHINGTON ST.</b>		City <b>COVENTRY</b>	State <b>RI</b>
		Zip <b>02816</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" 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 <b>GAYLE M JENDZEJEC</b>		Manager Name <b>LOUISA M. MONTECALVO</b>	
Street Address <b>58 REGINA DRIVE</b>		Street Address <b>6 VALLEY ST</b>	
City <b>W. GREENWICH</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>ASSONET</b>
			State <b>MA</b>
			Zip <b>02702</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 <b>GAYLE M. JENDZEJEC</b>		Address	
Address <b>58 REGINA DRIVE</b>		City <b>WEST GREENWICH</b>	Zip <b>02817</b>

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



\* 1 1 9 9 2 8 \*

File Date	<b>9-4-02</b>
Check No.	<b>3067</b>
By:	<b>2c</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.

**Gayle M. Jendzejec** **8-29-02**  
Signature of Authorized Person Date  
**GAYLE M. JENDZEJEC**  
Print or Type Name of Authorized Person