

## 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: Septen			Filing Fee: \$50.00				
(FORM MUST BE TYPED							
1. ID No.	2. Exact name of the limited liability company						
119928	COLLEGE ADVISORS GROUP LLC						
3. State of Formation	7	i. Brief description of the	character of the business whi	ch is actually conducted in Rhode Islan	d	•	<del></del>
RHODE ISLAND	[ .	TO HELP FAMILIES SOLUTIONS TO FAM	PAY FOR A COLLEGE UNILLES SEEKING TO FU	EDUCATION, TO PROVIDE EXPERT ADVICE AND ETHICAL FINANCIAL IND A HIGHER EDUCATION WHILE PRESERVING THEIR RETIREMENT,			AL FINANCIAL RETIREMENT.
5. Principal office address	( )	·	<u> </u>	City:	State 🔷	~	Zip
	hins t			COVENTRY	K	L	02816
6. MAILING ADDRES	SS OF LIN	IITED LIABILITY (	COMPANY AND NAME	OR TITLE OF CONTACT PERSON:			
Consact Name  OFTLE	∕\),	DENGZE JE	C	Contact Title PRESICIENT			
Sinvel Address 784 U	vashi	ing ton Si	<del>-</del>	COVENTAY	State (2	I	028/6
		FILL IN SPACES I	BEFORE USING ATTAC	LITY COMPANY, IF APPLICAE CHMENTS ("X" BOX FOR AT ING OF AMENDMENT, R.I.G.L	TACHMENT)	) [] ) (2) / 7-16	-52
Manager Name				Manager Name			
Louisa	Mo	NTECALUO					
Sireci Address 784		1N6TON 57	-	Street Address		· ·	
CID CONENTAY	S	tate 7-I	zip 28/6	City	State		Zip
Manager Name	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••	***************************************	Manager Name		•••••••••••••••••••••••••••••••••••••••	
Street Address				Street Address		-	
City	S	iale '	Zip	City	State		Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name		require filing of Form 642 - R.I.G.L. 7-16-11  Address					
GAYLE M. JENDZEJEC			·				
Address			City	Ζφ			
58 REGINA DRIVE				WEST GREENWICH		02817-	

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

TILED -	ì
*119928* SEP 0 1 2805	
Check No. By 3	
By:	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, including any accompany contained herein are true	ing sch	redules :		
Chun	,	•		

Signature of Authorised Person

8-30-05

GAYLE M. JENDREJEC



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

## 2004 MITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. IID No 2. Exact name of the limited liability company 119928 **COLLEGE ADVISORS GROUP LLC** 3 State of Formation 4. Brief description of the character of the inistness which is actually conducted in Rhode Island TO HELP FAMILIES PAY FOR A COLLEGE EDUCATION, TO PROVIDE EXPERT ADVICE AND ETHICAL FINANCIAL RHODE ISLAND SOLUTIONS TO FAMILIES SEEKING TO FUND A HIGHER EDUCATION WHILE PRESERVING THEIR RETIREMENT. 5. Principal office address COVENTRY 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: JEN DZEJEC 6 A7LE RESI DENT vashing tm 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 Manager Name Montecalvo City State Zip Manager Name Manager Name Street Address Street Address City State City State 7.ф 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address **GAYLE M. JENDZEJEC** Address 7.φ **58 REGINA DRIVE WEST GREENWICH** 02817-

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



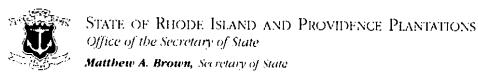
File Date 1212194
Check No. 1063
Ву:
FOR SECRETARY OF STATE USE ONLY

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

Print or T

pe Name of Authorized Person



Corporations Division 100 North Main Street Providence, RI 02993-1335 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 11) No	2 Exact name of the limited habilit	y company			<u> </u>	
119928	COLLEGE ADVISORS (	COLLEGE ADVISORS GROUP LLC				
3 State of Formation	4 Brief description of the	character of the business whi	ch is actually conducted in Rhode Isla	nd		
RHODE ISLAND	TO HELP FAMILIES	PAY FOR A COLLEGE	EDUCATION, TO PROVIDE EX	PERT ADVICE	AND ETHICAL FINANCIAL	
5 Principal office address	SULUTIONS TO PAI	MILIES SERVING TO FU	ND A HIGHER EDUCATION WI	HILE PRESER		
789 WASH	fINGTON ST.		1 COVENTRY	1 R	L 02816	
6. MAFLING ADDRES	SS OF LIMITED LIABILITY (	OMPANY AND NAME	OR TITLE OF CONFACT PER	ISON:	·	
Gayle M	· Jendzesec		PRESIDEN T			
784 WAS	SHAGTON ST.		COVENTRY	State LI	- 12816	
7. NAME AND ADDE			LITY COMPANY, IF APPLICA		_	
ANS	FILL IN SPACES I MODIFICATIONS TO MAN	BEFORE USING ATTAC	HMENTS ("X" BOX FOR A ING OF AMENDMENT, R.I.G.	TTACHMENT)	) [] ) (3) / 7 */ 52	
Manager Kame	I MODIFICATIONS TO MAIN	AOLES REQUIRES FIL	:	L. /-10-12 (a	) (2) / /-10-52	
Gayle M.	Jendzesec		Manager Name			
Survey Aldress			Street Address			
58 Kegin	a Prive		•			
W. GREENWI	H State RI	07817	Сир	State	Zap	
Manager Name LOUISA M.	MONTECANO		Manager Name	•	•	
6 VANEY	ST.		Street Address	<del> </del>		
ASSONET	MA	Zф	City	State	Zip	
8. RESIDENT AGENT Agent Name	I IN RHODE ISLAND - DO N	OT ALTER - Changes	require filing of Form 642	R.I.G.L. 7-10	6-11	
•			Address			
GAYLE M. JENDZEJEC	·	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<del></del>		
Address 58 REGINA DRIVE			WEST GREENWICH		Ζιρ <b>02817-</b>	
		·	-	_	<del>-</del>	

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	9-11-03
Check No	
Bv:	R SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have e including any accompanying schedules and statements, and appropriate the period of the period o	xamined this report. I that all statements.
contained herein are true and correct.	
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M = 0	(1 . 2
_ \_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	405
Signature of Authorized Person Date	

Print or Type Name of Authorized Parron



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, R1 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 MIST BE TYPED OR PRINTED IN RIACK)

<u>(FUKM MUST BE T</u>	YPED OR PRINTED IN BLACE	<u> </u>				
1. ID No. 119928	2. Exact name of the limited liabilty company COLLEGE ADVISORS GROUP LLC					
3. State of Formation			siness which is actually conducted in R	hade Island	<del></del>	
RHODE ISLAND	TO HELP FAM	LIES PAY FOR A COLLI	EGE EDUCATION, TO PROVIDE E O FUND A HIGHER EDUCATION	XPERT ADVICE AND E		
5. Principal office at	idress		City	State	Zip	
784 WA	ISHINGTON ST		COVENTRY	RI	02816	
6. MAILING AD	DRESS OF LIMITED L	ABILITY COMPANY	AND NAME OR TITLE OF	CONTACT PERSON		
Contact Name			Contact Hile			
GAYLE 1	M. JENDZEJ?	EC	: PRES			
Street Address 784	WASHINGTON S	π.	COVENTRY	State RT	2ip 02816	
7. NAME AND A	DDRESS OF EACH MAN	AGER OF THE LIMI	TED LIABILITY COMPANY,	IF APPLICABLE		
		ES BEFORE USING A		ATTACHMENT	•	
			S FILING OF AMENDMENT. R.I.G	.L 7-16-12 (a) (2) / 7-16-	-52	
Manager Name	· · · · · · · · · · · · · · · · · · ·	<del></del>	· Manager Name	<u> </u>	<del></del>	
	M JENDZ	EJEC	: LOUISA M.	MONTECAL	Vo	
Sireci Address R	LEGINA DRIVE		Sircel Address : 6 VALLEY	ST		
City GREEN:	WICH State	2ip 67817	: ASSONET	State MA	0270Z	
Manuger Name		• • • • • • • • • •	Manager Name	• • • • • • • • •	• • • • • • • • • •	
Street Address			Sireei Address			
			:			
City	State	Zip	City	State	Zip	
8. RESIDENT AG	ENT IN RHODE ISLAND	DO NOT ALTER- Char	iges require filing of Form	642 - R.I.G.L. 7-16-11	<del></del>	
Agent Name			Address			
GAYLE M. JENDZE	JEC					
Address		•	City	Zip		
58 REGINA DRIVE			WEST GREENWICH	WEST GREENWICH 02817-		
	<del></del>		- · · · · - · · · · · · · · · · · · · ·	<u>———</u>		

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



File Date	9-4-02	
Check No.	3067	<del></del>
Ву:	2e	
FOR SECRI	ETARY OF STATE USE ONLY	

Under pepalty 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

Print or Type Name of Authorized Person