

Matthew A. Brown. Secretary of State Corporations Division 100 North Main Street, Providence, R1 02903-1335 401.222.3040

Filing Period: Se	ptember 1	- November 1	Filing Fee: \$5	NUAL REPORT FO 0.00	OR THE YEA	R 2005		
(FORM MUST BE T			ited liabilty company			•		
109228		•	re Associates, LLC					
3. State of Formation	1			e business which is actually conducted	in Rhode Island			
RHODE ISLAND PRINCIPALLY IN MANAGEMENT				•				
5. Principal office a	ddress	1		Ciry	State	Zip		
50 PARK ROW		‡5 1 3		PROVIDENCE	RI	02903-		
6: MAILING AI Contact Name	DDRESS O	OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE *Contact Title • President	OF CONTACT PER	SON:		
Street Address				City	State	Zip		
50 PARK ROW	WEST, #	513		• PROVIDENCE	RI	02903-		
Manager Name Street Address			• Manager Name • • • Street Address	· · · ·				
City		State	Zip	*City	State	Zip		
Manager Name				*Manager Name	*Manager Name			
Sircet Address				Street Address		· · · · · · · · · · · · · · · · · · ·		
Ciry		State	Zip	.City	State	Zip		
8. RESIDENT AC	GENT IN RI	HODE ISLAN	D -DO NOT ALTER- C	hanges require filing of F	orm 642 - R.I.G.L., 7-	16-11		
GORDON A. CARPENTER				91 FRIENDSHIP	91 FRIENDSHIP STREET			
Address			Ciny	City Zip				
				PROVIDENCE	PROVIDENCE 02903			

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



109228	DLLC_09/26/05 02:02:56 PM
File Date_	
Cueck No.	UCT 17 2005
By:	'v
	ETARY 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

Date

David L Potter



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 Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 109228		nertum Venture Associates, LLC			
. State of Formation	4. Brief description	4. Brief description of the character of the business which is actually conducted in Rhode Island			
RHODE ISLAND	PRINCIPALLY	IN MANAGEMENT	CONSULTING SERVICES.		
Principal office addi			City	State	
O PARK ROW V			PROVIDENCE	RI	<i>Zip</i> 02903-
. MAILING ADD ontact Name	RESS OF LIMITED LI	ABILITY COMPAN	YAND NAME OR TITLE Contact Title President	OF CONTACT P	ERSON:
reel Address D. PARK ROW W	EST. #513		City PROVIDENCE	State RI	Zip 02903-
- 		NAGER OF THE LI	IMITED LIABILITY COM		
		CES BEFORE USING		OR ATTACHMENT)	
nager Name	ANY MODIFICATIONS TO) MANAGERS REQUIR	RES FILING OF AMENDMENT. R Manager Name	l.I.G.L 7-16-12 (a) (2) / 7-16-52
rcel Address	<u>-</u>		*Street Address	<u> </u>	
îty	State	Zip	*City	State	Zip
anager Name			Manager Name		
3			•		
rees Address			Street Address		
iy .	State	Zip	City	State	Zip
RESIDENT AGE	NT IN RHODE ISLAND	DO NOT ALTER- Cha	inges require filing of Fo	orm 642 - R.I.G.L	<u>7-16-11</u>
ent Name			Address		
ORDON A. CA	RPENTER 		91 FRIENDSHIP S	STREET	
dress			City		
			PROVIDENCE		02903
is report must b	e signed in ink by an a		ursuant to 7-16-66.		
	1 0 9 2 2 8	SEP 2	_ `	dua. (daala d	
			this report, including	g any accompanying	affirm that I have examined g schedules and statements,
109228 DLLC 0	9/03/04 12:57:07 PM*	22	and that all statemen	its contained herein	are true and correct.
File Date			D Panel	2, Volte	9/17/03
heck No			Signature of Authorize	d Person	Date
<u>v:</u>		.	David L Pot		
OP SECRETARY OF	STATE USE ONLY	-	Print or Type Name of	Authorized Person	



FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3640

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

FORM MUST BE 1 1. ID No.		RINTED IN BLACK) ct name of the longed					
109228		entum Venture A					
3 State of Formation	<i>m</i>	· · · · · · · · · · · · · · · · · · ·	•	e business which is actually combinted	in Rhode Island		
RHODE ISLA	ND	PRINCIPALLY	IN MANAGEMENT	CONSULTING SERVICES.			
5 Principal office address 50 PARK ROW WEST, #513				Che PROVIDENCE	State RT	Zip 02903-	
	DDRESS (of Limited Lla	BILITY COMP.	Connect Title Connect Title PRESIDENT	OF CONTACT I	PERSON:	
Sircel Address 50 PARK ROW WEST, #513				Cur PROVIDENCE	State RI	Zip 02903-	
		- FILL IN SPAC	ES BEFORE USIN	TAMITED LIABILITY COME G ATTACHMENTS — ("X" BOX F DIRES FILING OF AMENDMENT. R	OR ATTACHMENT) [
Manager Name				•Manager Name •			
Siren Address				*Sweet Address			
City		State	Zip	Cur	State	Ζιρ	
Manager Name		J		Manager Name			
Street Address				•Sirect Address			
Circ		State	Ζψ	Cav	State	Zip	
8. RESIDENT A	GENT IN B	RHODE ISLAND -(I 30 NOT ALTER- C	hanges require filing of Fe	 	L. 7-16-11	
GORDON A.	CARPENT	rer		91 FRIENDSHIP	STREET'		
Address						/ip	
	-			PROVIDENCE		02903	
This report mus	st he signe	d in ink by an at	thorized person) pursuant to 7-16-66			
·		·	,				
*400000 DU	C 10/02/0	2024044 PM		this report, includin	g any accompanya	affarm that I have examined ag schedules and statements, a are true and correct.	
File Daic		3 03:10:14 PM*) . <u>3 / . 0 (</u> 2	3	Dava	Mett	1.1/24/3	
Check No	<u>d'</u>	7 <u>.)</u> D		Signature of Authorize	ed Person	Date	
Bu Constitution of the Con				First or Type Name of Authorized Person			



Edward S. Inman, HI. Secretory of State Corporations Division 160 North Main Sweet, Providence, RI 02903-1335 401 222 3640

1 ID №. *109228*	2 Exact name	RINTED IN BLACKI I name of the limited hability company entum Venture Associates, LLC					
3. State of Formation 4 Brief description of the character of the Brincipality in Management			e character of the busin MANAGEMENT COI	ness which is actually conducted NSULTING SERVICES.	in Rhode Island		
5 Principal office addr.	455			Lice	Siate		12:-
50 PARK ROW WEST, #513				City PROVIDENCE	RI		Zip 02903-
6. MAILING ADD Contact Name	RESS OF LO	tited Liabii	LITY COMPANY	AND NAME OR TITLE Contact Title PRESIDENT	OF CONTACT	PERSON	Solve May 1
Street Address				City	State		Zip
50 PARK ROW W	. ,		, .	, PROVIDENCE	RI		C2903-
Manager Name	, FI	UL IN SPÁCES B	DEFORE USING AT	ITED LIABILITY COM. TACHMENTS (*X*BOX F FILING OF AMENDMENT. F *Manager Name	OR ATTACHMEN	7) 🔲	
Street Address				· Street Address	 -	 	·
Сиу	State		Zsp	*Cny	State	 -	Zip
Manager Name			• • • • • • • • •	Manager Name			1
Street Address				• Street Address			
City	State		Zip	City	State		Zip
8. RESIDENT AGEI	at in Rhode	ISLAND-DON	IOT ALTER- Chang	ges require filing of Fi	 	i.L. 7-16-13	
GORDON A. CAI	RPENTER			91 FRIENDSHIP	STREET		
	Address			Cuy	Cuy		_
Address		<u> </u>			PROVIDENCE 02903		

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109228 D	LLC8/27/022:42:40 PM
File Date	9-11-62
Check No	174
By	AMF
FOR SECRETA	ARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I	have examined
this report, including any accompanying schedules a	ind statements,
and that all statements contained herein arg true and	сопест.
0 2 - OA	. 1 /
I knd Dolla	9/9/02
Signature of Authorized Person Date	_
Callin I G	
DAVID L. 1877EX Print or Type Name of Authorized Person	
Print or Type Name of Authorized Person	
	Form 632 Rev. 6/02

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 <u>109228</u>	Annual Report for the year _2001	
1.	The name of the limited liability compa	any is:	
	Momentum Venture Associates	, LLC	
2.	The address of the principal office of the	he limited liability company is:	
	50 Park Row West, #513, Provide	lence, RI 02903	
3.	The state or other jurisdiction under the	e laws of which it is formed is: Rhode Island	
4. The name and address of its resident agent is: Gordon A. Carpenter			
		e, RI 02903	
5.	The current mailing address of the	e limited liability company and the name or title of a person to whom	
	communications may be directed are:	50 Park Row West, #513, Providence, RI 02903	
		- Attention: President	
6. 7.	state: Principally in management	the business in which the limited liability company is actually engaged in this ent consulting services. hagers, list the name and address of each manager:	
	Name	Address	
	None		
		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.	
Dat	te: October 22001	Momentum Venture Associates, LLC	
	16-18-01	Exact Name of Limited Liability Company	
	101	By Sulfotto	
	- AME	David L. Potter (Authorized Person)	
	πγγικ	Title	

Form No. 632 Revised: 01/99 Filing Fee: \$50.00



Revised: 01/99

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 109228	Annual Report for the year 2000					
1.	The name of the limited liability company is: Momentum Venture Associates, LI	.C .					
2.	The address of the principal office of the limited liability company is: 50 Park Row West, #513, Providence, RI 02903						
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: Gordon A. Carpenter							
	91 Friendship Street, Providence, R	1 02903					
5. The current mailing address of the limited liability company and the name or title of a perso							
	communications may be directed are:50 Park Row West, #513, Providence, RI 02903						
Attention: President							
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Principally in management consulting services.						
7.		, list the name and address of each manager:					
	Name	Address					
	None						
		· · · · · · · · · · · · · · · · · · ·					
		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.					
Da	ate:July/3/_2001	Momentum Venture Associates, LLC					
	FILED	Exact Name of Limited Liability Company					
	• •	By Land Hotto					
	AUG 1 4 2001	David L. Potter (Authorized Person)					
For	m No. 632 By SC 86	Title					