



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. 130531		2. Exact name of the limited liability company N.A.M.C. LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ATTORNEYS AT LAW			
5. Principal office address 1130 Ten Rod Road, Suite A103			City N. Kingstown	State RI	Zip 02852
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Patrick A. Fayle			Contact Title Manager		
Street Address 1130 Ten Rod Road, Suite A103			City N. Kingstown	State RI	Zip 02852
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 Patrick A. Fayle			Manager Name James E. O'Neil		
Street Address 1130 Ten Rod Road, Suite A103			Street Address 1130 Ten Rod Road, Suite A103		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
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 JAMES E. O'NEIL, ESQ.			Address MEADOWS OFFICE PARK		
Address 1130 TEN ROD ROAD, UNIT A-103			City NORTH KINGSTOWN	Zip 02852	

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



File Date	1/9/06	*130531*
Check No.	290	
By:	<i>[Signature]</i>	
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] 1/9/06
Signature of Authorized Person Date
Patrick A. Fayle
Print or Type Name of Authorized Person



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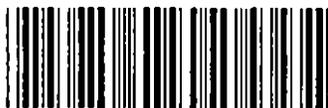
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Form with fields for ID No. (130531), Name (N.A.M.C. LLC), State (RHODE ISLAND), Business (Attorneys at law), Office Address (1130 Ten Rod Road, Suite A103), Contact Name (Patrick A. Fayle), and Resident Agent (James E. O'Neil, Esq.).

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



* 1 3 0 5 3 1 *

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: 4/26/05
Check No.: 231
By: DA
FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person: Patrick A. Fayle
Date: 4/9/05
Print or Type Name of Authorized Person: Patrick A. Fayle