



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. 109734		2. Exact name of the limited liability company Spruce Equity Advisors, LLC		
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island THE BUYING AND SELLING OF STOCKS, BONDS AND MUTUAL FUNDS		
5. Principal office address 127 DORRANCE STREET, PENTHOUSE		City PROVIDENCE	State RI	Zip 02903-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name JEFFREY BOGOSIAN		Contact Title Authorized Member		
Street Address 127 DORRANCE STREET, PENTHOUSE		City PROVIDENCE	State RI	Zip 02903-
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
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name GENE M. CARLINO, ESQ.		Address 410 SOUTH MAIN STREET		
Address		City PROVIDENCE	Zip 02903	

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



1 0 9 7 3 4

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.

109734 DLLC 09/23/04 01:42:37 PM

File Date: 10/28/05

Check No. 1909

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

[Signature] 9/22/05
Signature of Authorized Person
Jeffrey Bogosian
Print or Type Name of Authorized Person



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 2004

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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island THE BUYING AND SELLING OF STOCKS, BONDS AND MUTUAL FUNDS	
5. Principal office address 127 DORRANCE STREET, PENTHOUSE		City PROVIDENCE	State RI
		Zip 02903-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JEFFREY BOGOSIAN		Contact Title Authorized Member	
Street Address 127 DORRANCE STREET, PENTHOUSE		City PROVIDENCE	State RI
		Zip 02903-	
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	City	State
Zip		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 GENE M. CARLINO, ESQ.		Address 410 SOUTH MAIN STREET	
Address		City PROVIDENCE	Zip 02903

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



1 0 9 7 3 4

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.

109734 DLLC 09/23/04 01:42:37 PM

File Date: 11/11/04

Check No. 1983

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

[Signature] 10/11/04
Signature of Authorized Person Date

Jeffrey Bogosian
Print or Type Name of Authorized Person

[Signature]
10/11/04



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. 109734		2. Exact name of the limited liability company Spruce Equity Advisors, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island THE BUYING AND SELLING OF STOCKS, BONDS AND MUTUAL FUNDS	
5. Principal office address 127 DORRANCE STREET, PENTHOUSE		City PROVIDENCE	State RI
		Zip 02903-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JEFF BOGOSIAN		Contact Title Authorized Member	
Street Address 127 DORRANCE STREET, PENTHOUSE		City PROVIDENCE	State RI
		Zip 02903-	
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
Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name GENE M. CARLINO, ESQ.		Address 410 SOUTH MAIN STREET	
Address		City PROVIDENCE	Zip 02903

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



1 0 9 7 3 4

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.

109734 DLLC 09/08/03 01:17:08 PM

File Date: 11/14/03

Check No. 787

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

[Signature] 10/17/03

Signature of Authorized Person Date

Jeff Bogosian

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. 109734		2. Exact name of the limited liability company Spruce Equity Advisors, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island THE BUYING AND SELLING OF STOCKS, BONDS AND MUTUAL FUNDS	
5. Principal office address 10 DORRANCE STREET		City PROVIDENCE	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JEFFREY BOGOSIAN		Contact Title AUTHORIZED MEMBER	
Street Address 127 DORRANCE STREET		City PROVIDENCE	State RI
		Zip 02903	
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
Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• City
Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name GENE M. CARLINO, ESQ.		Address	
Address 410 SOUTH MAIN STREET		City PROVIDENCE	Zip 02903

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



* 1 0 9 7 3 4 *

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	<u>11-1-02</u>
Check No.	<u>2366</u>
By:	<u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY	

[Signature]
Signature of Authorized Person

11/1/02
Date

JEFFREY BOGOSIAN
Print or Type Name of Authorized Person

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
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 109734

Annual Report for the year 2001

1. The name of the limited liability company is:

Spruce Equity Advisors, LLC

2. The address of the principal office of the limited liability company is:

127 Dorrance Street, Penthouse Suite, 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: GENE M. CARLINO, ESQ.

410 SOUTH MAIN STREET PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 127 Dorrance Street, Penthouse Suite, Providence, RI 02903

Jeffrey Bogosian, Member

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To engage in buying and selling securities for clients.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated _____

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.



1 0 9 7 3 4

Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

File Date: 9-4-01

Check No.: 1355

By: [Signature]

By: [Signature]
Authorized Member

Title

Form No. 632
Revised 01/99

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
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 109734

Annual Report for the year 2000

1. The name of the limited liability company is:

Spruce Equity Advisors, LLC

2. The address of the principal office of the limited liability company is:

127 DORRANCE ST PENTHOUSE 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: GENE M. CARLINO, ESQ.

410 SOUTH MAIN STREET PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 127 DORRANCE ST. PENTHOUSE PROVIDENCE, RI 02903

JEFF BOLESIAN / GREG PIPER

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: He Owns and SELLING of Stocks, Bonds and Mutual Funds

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

JEFF BOLESIAN

26 BISHOP RD. WARWICK, RI 02803

Greg Piper

24 Lowden St. Pawtucket RI 02860

Dated 9/7/00

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.



1 0 9 7 3 4

SPRUCE EQUITY ADVISORS, LLC
Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY
File Date: 9-8-00
Check No.: 1133
AMF

By [Signature] x [Signature]
President Vice President
Title