



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. 127836		2. Exact name of the limited liability company Birch Hill Group, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TANGIBLE PERSONAL ASSET FOR INVESTMENT	
5. Principal office address 420 Angell Street		City Providence	State R.I.
			Zip 02906
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name David J. McOsker		Contact Title Attorney	
Street Address 420 Angell Street		City Providence	State R.I.
			Zip 02906
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
			Zip
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 DAVID J. MCOSKER, ESQ.		Address	
Address 420 ANGELL STREET		City PROVIDENCE	Zip 02906-

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



127836

File Date	FILED
Check No.	NOV 29 2005
By:	<i>[Signature]</i> 93721
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] 9/3/05
Signature of Authorized Person Date

BRADFORD FERGUSON, Member
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

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1. ID No. 127836		2. Exact name of the limited liability company Birch Hill Group, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Tangible personal assets for investment	
5. Principal office address 420 Angell Street		City Providence	State R. I.
			Zip 02906
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Street Address		• Street Address	
City	State	Zip	• City
			• State
			• Zip
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 David J. McOsker		Address 420 Angell Street	
Address		City Providence	Zip 02906

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

File Date	6/3/05
Check No.	19582
By:	DA
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

5/26/04
Date

Bradford Ferguson, Member
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

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City	State	Zip	City	State	Zip
RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name DAVID J. MCOSKER, ESQ.		Address			
Street Address 420 ANGELL STREET		City PROVIDENCE	Zip 02906		

FILED

SEP 17 2004

By KMC

C44907

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



* 1 2 7 8 3 6 *

Date _____

Check No _____

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

8/31/04
Date

Bradford FERGUSON, Member

Print or Type Name of Authorized Person

FOR SECRETARY OF STATE USE ONLY