



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
401.222.3044

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. 110539		2. Exact name of the limited liability company Weybosset Research & Management, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT ADVISOR	
5. Principal office address 72 SOUTH MAIN STREET		City PROVIDENCE	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name FLA LEWIS III		Contact Title MEMBER	
Street Address SAME		City	State
		Zip	
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 FLA LEWIS, III		Address	
Address 72 SOUTH MAIN STREET		City PROVIDENCE	Zip 02903-

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



File Date	9/12/05	*110539*
Check No.	2653	
By:		
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 Date 9/9/05
FLA LEWIS III
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 02903-1330
401.222.3000

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 110539		2. Exact name of the limited liability company Weybosset Research & Management, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT ADVISOR	
5. Principal office address 72 SOUTH MAIN STREET		City PROVIDENCE	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name FLA LEWIS III		Contact Title MEMBER	
Street Address SAME		City	State
		Zip	
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 FLA LEWIS, III		Address	
Address 72 SOUTH MAIN STREET		City PROVIDENCE	Zip 02903-

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



* 1 1 0 5 3 9 *

File Date	9/8/04
Check No.	2286
By:	FLA
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 FLA LEWIS III Date 9/7/04
Print or Type Name of Authorized Person FLA LEWIS III



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 02903-1331
401.222.3044

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. 110539		2. Exact name of the limited liability company Weybosset Research & Management, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT ADVISOR	
5. Principal office address 72 SOUTH MAIN STREET		City PROVIDENCE	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name FLA LEWIS III		Contact Title PRINCIPAL	
Street Address SAME		City	State
			Zip
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			
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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 FLA LEWIS, III		Address	
Address 72 SOUTH MAIN STREET		City PROVIDENCE	Zip 02903

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



* 1 1 0 5 3 9 *

File Date	10-17-03
Check No.	1955
By:	FLA
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 **FLA Lewis III** Date **10/16/03**
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1331
401.222.3040

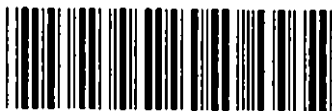
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 110539	2. Exact name of the limited liability company Weybosset Research & Management, LLC		
3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT ADVISOR		
5. Principal office address 72 SOUTH MAIN STREET		City PROVIDENCE	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name FLA LEWIS, III		Contact Title MEMBER	
Street Address 72 SOUTH MAIN 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
State	State	Zip	State
Manager Name	Manager Name		
Street Address	Street Address		
City	State	Zip	City
State	State	Zip	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 FLA LEWIS, III		Address	
Address 72 SOUTH MAIN STREET		City PROVIDENCE	Zip 02903

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



* 1 1 0 5 3 9 *

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 10.2.02

Check No. 1587

By: FLA

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person

Date

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 110539

Annual Report for the year 2001

1. The name of the limited liability company is:

Weybosset Research & Management, LLC

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

72 SOUTH MAIN STREET 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: FLA LEWIS, III

72 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: FLA LEWIS, III

72 SOUTH MAIN STREET PROVIDENCE, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: INVESTMENT ADVISOR

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.

WEYBOSSET RESEARCH & MGMT LLC
Exact Name of Limited Liability Company

By _____

MEMBER

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10-10-01

Check No.: 1325

By: [Signature]

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the