



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
401.222.3000

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	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 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.	2053	
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] 9/9/05
Signature of Authorized Person Date
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 02903-1332
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)

Form with fields for ID No. (110539), Exact name of the limited liability company (Weybosset Research & Management, LLC), State of Formation (RHODE ISLAND), Brief description of the character of the business (INVESTMENT ADVISOR), Principal office address (72 SOUTH MAIN STREET, PROVIDENCE, RI, 02903), Mailing address of limited liability company and name or title of contact person (FLA LEWIS III, MEMBER), Name and address of each manager, and Resident agent in Rhode Island (FLA LEWIS, III, 72 SOUTH MAIN STREET, PROVIDENCE, 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 *

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)

File Date (9/8/04), Check No. (2286), By (DA), FOR SECRETARY OF STATE USE ONLY



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 02903-1313
 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					
Manager Name			Manager Name		
Street Address			Street Address		
City		State	Zip	City	
City		State	Zip	City	
Manager Name			Manager Name		
Street Address			Street Address		
City		State	Zip	City	
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 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 *

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 10-17-03
 Check No. 1955
 By: [Signature]
 FOR SECRETARY OF STATE USE ONLY

[Signature] 10/16/03
 Signature of Authorized Person Date
Fla Lewis III
 Print or Type Name of Authorized Person



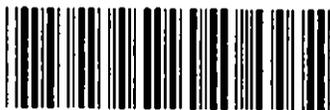
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 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	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 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: FL
FOR SECRETARY OF STATE USE ONLY

FLA LEWIS III Sept. 9, 2002
Signature of Authorized Person Date
FLA LEWIS III
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 [Signature]
MEMBER
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-10-01</u>
Check No.:	<u>1325</u>
By:	<u>[Signature]</u>

Form No. 632
Revised 01/99