



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3010

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

1. ID No. 118338		2. Exact name of the limited liability company Mayfoeth Group, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Government Relations / Business Development			
5. Principal office address 408 Broadway		City Providence	State RI	Zip 02909	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Richard M. McAuliffe, Jr.		Contact Title Chairman			
Street Address 408 Broadway		City Providence	State RI	Zip 02909	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS 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 Richard M. McAuliffe, Jr.		Manager Name			
Street Address 408 Broadway		Street Address			
City Prov	State RI	Zip 02909	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 William J. Lynch		Address			
Address 321 South Main St. #400		City Providence	Zip RI 02903		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED	
File Date	1 DEC 20 2006
Check No.	By [Signature] - 10741
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.

Richard M. McAuliffe, Jr. 11/17/06
Signature of Authorized Person Date

Richard M. McAuliffe, Jr.
Print or Type Name of Authorized Person



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. 118338		2. Exact name of the limited liability company The Mayforth Group, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GOVERNMENT RELATIONS/BUSINESS CONSULTING	
5. Principal office address 408 Broadway		City Providence	State R.I.
		Zip 02909	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Richard M. McAuliffe, Jr.		Contact Title Manager	
Street Address 408 Broadway		City Providence	State R.I.
		Zip 02909	
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 Richard M. McAuliffe, Jr.		Manager Name	
Street Address 408 Broadway		Street Address	
City Providence	State RI	Zip 02909	
Manager Name		Manager Name	
Street Address		Street Address	
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 WILLIAM J. LYNCH, ESQ.		Address	
Address 321 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 8 3 3 8 *

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.

Richard M. McAuliffe, Jr.
Signature of Authorized Person

Richard M. McAuliffe, Jr.
Print or Type Name of Authorized Person

File Date 10/6/04
Check No. 440
By: ls
FOR SECRETARY OF STATE USE ONLY



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. 118338		2. Exact name of the limited liability company The Mayforth Group, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GOVERNMENT RELATIONS/BUSINESS CONSULTING	
5. Principal office address 408 Broadway		City Providence	State RI
		Zip 02909	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Richard M. McAuliffe, Jr.		Contact Title Chairman	
Street Address 408 Broadway		City Providence	State RI
		Zip 02909	
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 Richard M. McAuliffe, Jr.		Manager Name	
Street Address 408 Broadway		Street Address	
City Providence	State RI	City	State
Zip 02909		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 WILLIAM J. LYNCH, ESQ.		Address	
Address 321 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 8 3 3 8 *

File Date 9/29/03
Check No. 1297
By: [Signature]
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.

Richard M. McAuliffe, Jr. 9/24/03
Signature of Authorized Person Date
Richard M. McAuliffe, Jr.
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. 118338	2. Exact name of the limited liability company The Mayforth Group, LLC		
3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island Government Relations / Business Consulting		
5. Principal office address 408 Broadway		City Providence	State RI
		Zip 02909	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Richard M. McAuliffe, Jr.		Contact Title Chairman	
Street Address 408 Broadway		City Providence	State RI
		Zip 02909	
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 Richard M. McAuliffe, Jr.		* Manager Name C	
Street Address 24 Mayflower St.		* Street Address .	
City Providence	State RI	Zip 02906	* City .
* State .		* Zip .	
* Manager Name .		* Street Address .	
Street Address .		* Street Address .	
City .	State .	Zip .	* City .
* State .		* Zip .	
* Manager Name .		* Street Address .	
Street Address .		* Street Address .	
City .	State .	Zip .	* City .
* State .		* Zip .	
* Manager Name .		* Street Address .	
Street Address .		* Street Address .	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L 7-16-11			
Agent Name WILLIAM J. LYNCH, ESQ.		Address .	
Address 321 SOUTH MAIN STREET		City PROVIDENCE	Zip 02903-

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



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.

Richard M. McAuliffe, Jr.
Signature of Authorized Person
Date
Richard M. McAuliffe, Jr.
Print or Type Name of Authorized Person

File Date: 9.26.02
Check No. 981
By: [Signature]
FOR SECRETARY OF STATE USE ONLY