



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. 129641		2. Exact name of the limited liability company Financial Bandwidth, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island FINANCIAL CONSULTING AND INTERIOR DESIGN			
5. Principal office address 134 LONGFELLOW RD.		City JAMESTOWN	State RI	Zip 02835	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name LYDIA O. BABICH			Contact Title PRESIDENT		
Street Address 134 LONGFELLOW RD.		City JAMESTOWN	State RI	Zip 02835	
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 LYDIA O. BABICH			Manager Name		
Street Address 134 LONGFELLOW RD.		Street Address			
City JAMESTOWN	State RI	Zip 02835	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 LYDIA O. BABICH			Address		
Address 134 LONGFELLOW DRIVE		City JAMESTOWN	Zip 02835		

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



File Date	10/10/2005	*129641*
Check No.	4425	
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.

Lydia O. Babich 10/8/05
Signature of Authorized Person Date
LYDIA O. BABICH
Print or Type Name of Authorized Person



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1. ID No. 129641		2. Exact name of the limited liability company Financial Bandwidth, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Financial Consulting and Interior Design			
5. Principal office address 134 Longfellow Rd.		City Jamestown	State RI	Zip 02835	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Lydia O. Babich			Contact Title President		
Street Address 134 Longfellow Rd.		City Jamestown	State RI	Zip 02835	
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 Lydia O. Babich			Manager Name		
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City Jamestown	State RI	Zip 02835	City	State	Zip
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 2 9 6 4 1 *

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 7/21/05
Check No. 5857
By: DA
FOR SECRETARY OF STATE USE ONLY

Lydia O. Babich 9/24/04
Signature of Authorized Person Date
LYDIA O. BABICH
Print or Type Name of Authorized Person