



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 126844		2. Exact name of the limited liability company CAPALBO Insurance Group LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INSURANCE SALES	
5. Principal office address 7610 Post Rd		City N. Kingstown	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name LEE CAPALBO		Contact Title Managing Member	
Street Address 72 Haggarty Hill Rd		City Saunderstown	State RI
		Zip 02874	
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 LEE Capalbo		Manager Name	
Street Address 72 Haggarty Hill Rd		Street Address	
City Saunderstown	State RI	City	State
Zip 02874		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 LEE A. CAPALBO		Address	
Address 72 HAGGARTY HILL ROAD		City SAUNDERSTOWN	Zip 02874

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



File Date	10/05/05	*126844*
Check No.	1894	
By:	CXC	
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.

Lee A. Capalbo 09-25-05
Signature of Authorized Person Date
LEE A. CAPALBO
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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1 ID No 126844		2 Exact name of the limited liability company CAPALBO Insurance Group LLC			
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island Insurance Sales			
5 Principal office address 7610 Post Rd		City N. Kingstown	State RI	Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name LEE A. CAPALBO			Contact Title managing member		
Street Address 7610 Post Rd		City N. Kingstown	State RI	Zip 02852	
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 LEE A. CAPALBO			Manager Name		
Street Address 72 Haggarty Hill Rd			Street Address		
City Saunderstown	State RI	Zip 02874	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 LEE A. CAPALBO			Address		
Address 72 HAGGARTY HILL ROAD			City SAUNDERSTOWN	Zip 02874	

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

File Date	9/22/04
Check No	1527
By:	DA
FOR SECRETARY OF STATE USE ONLY	

Lee A. Capallo 09-20-04
Signature of Authorized Person Date

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 126844		2. Exact name of the limited liability company CAPALBO Insurance Group, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Insurance Agency			
5. Principal office address 7610 Post Road			City North Kingstown	State Rhode Island	Zip 02852
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Lee A. Capalbo			Contact Title Managing Member		
Street Address 72 Haggarty Hill Road			City Saunderstown	State Rhode Island	Zip 02874
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 Lee A. Capalbo			• Manager Name		
Street Address 72 Haggarty Hill Road			• Street Address		
City Saunderstown	State Rhode Island	Zip 02874	• 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 Lee A. Capalbo			Address		
Address 72 Haggarty Hill Road			City Saunderstown	Zip 02874	

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



1 2 6 8 4 4

File Date	9-10-03
Check No.	1208
By:	<i>LC</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.

Lee A. Capalbo 9-8-2003
Signature of Authorized Person Date

Lee A. Capalbo
Print or Type Name of Authorized Person