

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 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2005

Filing Period: Septen			Filing Fee: \$50.00				
(FORM MUST BE TYPED							
1. II2 No. 94147		name of the limited Italia NVESTMENTS, LL					
3 State of Formation RHODE ISLAND 4. Brief description of the character of the husiness w INVESTMENT IN STOCKS AND MUTUAL					nd		
5. Principal office address				City	State		Ζφ
150 Main Stre			COMPANY AND NAME	Pawtucket or title of contact per	RI SON:		02862
Contact Name				Contact Title			
James A. Brid	en			Resident Agent			
Sinvi Address			·	City	State	_	Zip
150 Main Stre				Pawtucket	_{Rī}		l ₀₂₈₆₂
7. NAME AND ADDE	RESS OF			LITY COMPANY, IF APPLICA	BLE	_	02002
ANT	Y MODI			CHMENTS ("X" BOX FOR AT ING OF AMENDMENT, R.I.G.I			
Manager Navie			MOLMO REQUIRES I II	: Manager Name	C. 7-10-12 (a	1) (2) / /-10	-72
7				promager rance			
Sircel Address				Sirect Address			
City		State	ZΨ	City	State	 -	Ζ.ίρ
••••••			<u> </u>				j
Manager Name				Manager Name			
Street Address			<u> </u>	Street Address	<u> </u>		
Siree Maures				Sirver Address			
City		State	Zip	City	State		Zip
8. RESIDENT AGENT	CIN REA	ODE ISLAND - DO	NOT ALTER Change	require filing of Form 642 -	1		·
Agent Name		ODE ISLAND - DO	NOT ALTER - Changes	Address	K.I.G.L. /-1	0-11,	
JAMES A. BRIDEN				BLAIS CUNNINGHAM & CROWE CHESTER			
Address				City		Ζ.φ	
150 MAIN STREET, P.C	D. BOX 13	325		PAWTUCKET		02862	
							·

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

File Date	10/13/05	*94147*
Check No.	1593	
Ву:	CXC	
F	OR 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.

James A. Briden



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

Matthew A. Brown, Secretary of State

100 North Main Street Providence, RI 02903-1335

401.222.3040

MITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2004

1. ID No. 94147		2. Exact name of the limited Hability company SYRKO INVESTMENTS, LLC					
3 State of Formation		on of the character of the b	Whiste Island	<u> </u>			
RHODE ISLAND INVESTMENT IN STOCKS AND MUTUA			•	•			
5. Principal office ad	Idress		City	State	Zip		
	et, P.O. Box 1325 Dress of limited liab	LITY COMPANY AN	Pawtucket D NAME OR TITLE OF CONTA	RI CT PERSON:	02862		
Contact Name James A. Bric			Contact Title Resident Agent				
Street Address 150 Main Street	eet, P.O. Box 1325		Pawtucket	State RI	^{Zup} 02862		
	ANY MODIFICATIONS TO	D MANAGERS REQU	IRES PILING OF AMENDMENT Manager Name	i, K.I.G.L. 7-16-12 (a) (2) / 7-16-52		
Manager Name	ANY MODIFICATIONS TO	D MANAGERS REQUI	:	, K.I.G.L. 7-10-12 (a) (2) / 7-16-52		
Manager Name Street Address	State	Zip	Manager Name	State	2) / 7·16-52		
Manager Name Street Address City Manager Name			Manager Name Street Address				
Manager Name Street Address City Manager Name			Manager Name Street Address City				
Manager Name Street Address City			Manager Name Street Address City Manager Name				
Manager Name Street Address City Manager Name Street Address City	State	Zip Zip	Manager Name Street Address City Manager Name Street Address	State State	Zip 		
Manager Name Street Address City Manager Name Street Address City B. RESIDENT AC	State State State	Zip Zip	Street Address City Manager Name Street Address City City Changes require filing of For	State State	Zip 		

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



File Date 10 20 04
Check No. 4314
Ву:
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.

James A. Briden



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 401.222.3040

2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK)

(FORM MUST BE TYPED							
1. II) No. 94147		Exact name of the limited Hability company SYRKO INVESTMENTS, LLC					
3 State of Formation	3 State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island						
RHODE ISLAND INVESTMENT IN STOCKS AND MUTUAL F				FUNDS			
5. Principal office address				City	State		<i>Ζ.</i> φ
150 Main Stre	eet, P	.O. Box 1325 MITED LIABILITY	COMPANY AND NAME	Pawtucket or contact per	RI RSON:		02862
Contact Name James A; Bric				Contact Title Resident Agent			
Sircet Address				City	State		Zip
150 Main Stre	et, P	.O. Box 1325		Pawtucket	RI		02862
7. NAME AND ADDE	RESS OF	EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF APPLICA	•		, 02002
		FILL IN SPACES	BEFORE USING ATTAC	HMENTS ("X" BOX FOR A	TTACHMENT,		
AN	Y MODIE	FICATIONS TO MAN	AGERS REQUIRES FILI	ING 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	C(t)·	State		Zip

Munager Name				Manager Name			
Street Address	_			Street Address			
City	•	State	Zίρ	City	State		Zlp
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					ı		
Agent Name				Address			
JAMES A. BRIDEN				BLAIS CUNNINGHAM & CROWE CHESTER			
Address				City	Zıp		
150 MAIN STREET, P.O	. BOX 13	25		PAWTUCKET		02862	

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

*	Q	4	1	7.	7	•

File Date	10-10-03
Check No	2578
Ву:	2c
	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.

James G. Briller 10/8/03
Signature of Authorized Person Date

James A. Briden



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 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 TY	TED OKTALITIED IN DE				
I. ID No.	2. Exact name of the lin			· · · · · · · · · · · · · · · · · · ·	
94147	SYRKO INVESTMEN				
3. State of Formation			e business which is actually condu	cted in Rhode Island	
RHODE ISLAND	INVESTMEN	IT IN STOCKS AND MU	JTUAL FUNDS		
S. Principal office ad	dress		City	State	Zip
	n Street, PO		Pawtucket	RI	02862
6. MAILING AD	DRESS OF LIMITED	LIABILITY COMP	ANY AND NAME OR TITE	E OF CONTACT PERS	ON:
Contact Name	- ' '		Contact Title		·
	. Briden		. Resi	dent Agent	
Street Address	·	<u>-</u>	City	State	Zip
150 Mai	n Street, PO 1	Box 1325	 Pawtucket, 	RI	02862
	ANY MODIFICATIONS				
ranager Name	· · · · · · · · · · · · · · · · · · ·		:Managar Name		
danager Name					
rianager iriame Street Address	State	Zip	: Afanagar Name •	State	Zip
Sirvei Address City			* Managar Name * Street Address *	State	Zip
Street Address City Manager Name			* Managar Name * Street Address * City	State	Zip
rianager riame Street Address City Manager Name Street Address			*Street Address *City *Manager Name	State	Zip
danager Name Street Address City Manager Name Street Address	State	Zip	*Street Address *City *Manager Name *Street Address *City	State	Zip
Street Address City Manager Name Street Address City City B. RESIDENT AGE	State	Zip	*Street Address *City *Manager Name *Street Address	State	Zip
fanager Name City Manager Name Street Address City City B. RESIDENT AGE gent Name	State	Zip	*Street Address *City *Manager Name *Street Address *City *Address Address	State Form 642 - R.I.G.L.,7-16	Zip
Nanager Name City Manager Name Street Address City 8. RESIDENT AGE Igent Name	State	Zip	*Street Address *City *Manager Name *Street Address *City *City *Address *City *City	State Form 642 - R.I.G.I7-16 & CROWE CHESTER	Zip
Street Address City Manager Name Street Address	State State State ENT JN RHODE ISLAN	Zip	**Street Address **City **Manager Name **Street Address **City **City **Address BLAIS CUNNINGHAM	State Form 642 - R.I.G.L.,7-16 & CROWE CHESTER Zip	Zip

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



File Date 11-13-02

Check No. 2 (09

By: CM

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.

Springer of Authorized Person Date

James A. Briden

Filing Fee: \$50.00

Ву:

To be filed annually between September 1 and November 1

Form No. 632

Revised 01/99



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

טו	Number DEEC 94147	Annual Report for the year 2001
1.	The name of the limited liability compa	any is:
	SYRKO INVESTMENTS, LLC	
2.	The address of the principal office of t	he limited liability company is:
	150 Main Street, P.O.	Box 1325, Pawtucket, Rhode Island 02862
3.	The state or other jurisdiction under the	ne laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident	agent is: JAMES A. BRIDEN
	BLAIS CUNNINGHAM & CROWE CH	IESTER 150 MAIN STREET, P.O. BOX 1325 PAWTUCKET RI 02862
5.	The current mailing address of the lim	ited liability company and the name or title of a person to whom communications
	may be directed are:James_A.	Briden, Esq., 150 Main Street
	Pawtucke	t, Rhode Island 02862
6.	A brief statement of the character of	f the business in which the limited liability company is actually engaged in this
	state: <u>Investment in sto</u>	ck, mutual funds and real estate.
7.	If the limited liability company has mai	nagers, the name and address of each manager of the limited liability company Address
		
Da	ited	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. SYRKO INVESTMENTS, LLC
File	FOR SECRETARY OF STATE USE ONLY Date: 10-24-01	Exact Name of Limited Liability Company By James G. Brilen
Che	rck No.: /(25 4	Registered Agent Title
		i nie

DETACH BOTTOM BEFORE RETURNING

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 94147	Annual Report for the year 2000				
1.	The name of the limited liability comp	any is:				
	SYRKO INVESTMENTS, LLC					
2.	2. The address of the principal office of the limited liability company is:					
	150 Main Street. B	ox 1325, Pawtucket, RT 02862				
3.	The state or other jurisdiction under t	he laws of which it is formed is RHODE ISLAND				
4.	The name and address of its resident	tagentis: JAMES A. BRIDEN				
	BLAIS CUNNINGHAM & CROWE CH	HESTER 150 MAIN STREET, P.O. BOX 1325 PAWTUCKET RI 02862				
5.	The current mailing address of the lin	nited liability company and the name or title of a person to whom communications				
	may be directed are: James A	Briden, Esq., 150 Main Street				
		et, RI 02862				
6.		f the business in which the limited liability company is actually engaged in this				
		stocks and mutual funds.				
7.		nagers, the name and address of each manager of the limited liability company Address				
Da	ted 10 5 0 0	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. SYRKO INVESTMENTS, LLC Exact Name of Limited Liability Company				
File	POR SECRETARY OF STATE USE ONLY Date: /// ck No.: /03/	Registered Agent				
By:	7,	<i>Title</i> Form No. 632 Revisad 01/99				

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

Revised 01/99



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

	LIMI	TED LIABILITY COMPANY				
ID	Number LL 94147	Annual Report for the year 1999				
1.	The name of the limited liability company is SYRKO INVESTMENTS, LLC	:				
2.	The address of the principal office of the limited liability company is: 150 Main Street, Box 1325, Pawtucket, Rhode Island 02862					
3.	The state or other jurisdiction under the law	s of which it is formed is RHODE ISLAND				
4.	The name and address of its resident agen	t is: JAMES A. BRIDEN				
	BLAIS CUNNINGHAM & CROWE CHESTE	ER 150 MAIN ST., P.O. BOX 1325 PAWTUCKET, RI 02862				
5.						
6.	A brief statement of the character of the state: Investment in stocks	business in which the limited liability company is actually engaged in this and mutual funds.				
7.	If the limited liability company has manager Name	s, the name and address of each manager of the limited liability company Address				
Da	ated	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. SYRKO INVESTMENTS, LLC Exact Name of Limited Liability Company				
	FOR SECRETARY OF STATE USE ONLY Date: 10-19-99 eck No.: 6735	By James G. Breden Registered Agent				
	AMF	Title Form No. 632				



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

D	Number <u>LL 94147</u>	Annual Report for the year 1998
1.	The name of the limited liability compa	ny is:
	SYRKO INVESTMENTS, LLC	
2.	The address of the principal office of the	ne limited liability company is:
	150 Main Street, Box 13	325, Pawtucket, Rhode Island 02862
3.	The state or other jurisdiction under th	e laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident	agent is: JAMES A. BRIDEN
	BLAIS CUNNINGHAM & CROWE CH	ESTER 150 MAIN ST., P.O. BOX 1325 PAWTUCKET, RI 02862
5.	The current mailing address of the	e limited liability company and the name or title of a person to whom
	communications may be directed are:	James A. Briden, Esq., 150 Main Street
		Pawtucket, Rhode Island 02862
6.	A brief statement of the character of	the business in which the limited liability company is actually engaged in this
	state: Investme	ent in stocks and mutual funds.
7.	If the limited liability company has man	nagers, the name and address of each manager of the limited liability company **Address**
Da	ited 10/13 , 19 <u>98</u>	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.
		SYRKO INVESTMENTS, LLC Exact Name of Limited Liability Company
File	Date: () () Grant USE ONLY	
Che	ck No.: 5871	By James a. Buden
Ву:	110	Registered Agent Title
-,,	Į M	Form No. LLC-19