



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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | |
|---|----------------|--|----------------|-----------------|---------------|
| 1. ID No. 128247 | | 2. Exact name of the limited liability company Commercial Resources and Investments LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT CONSULTING | | | |
| 5. Principal office address 21 VALLEYBROOK DRIVE | | City EAST GREENWICH | State RI | Zip 02818- | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name JAMES ROCHE | | Contact Title MEMBER | | | |
| Street Address 21 VALLEYBROOK DRIVE | | City EAST GREENWICH | State RI | Zip 02808- | |
| 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 JAMES ROCHE | | *Manager Name . | | | |
| Street Address 21 VALLEYBROOK DRIVE | | *Street Address . | | | |
| City EAST GREENWICH | State RI | Zip 02818 | *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 CHARLES F. REILLY, ESQ. | | Address 681 SMITH STREET | | | |
| Address | | City PROVIDENCE | State | | Zip 02908- |

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



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128247 DLLC 09/08/05 10:20:53 AM

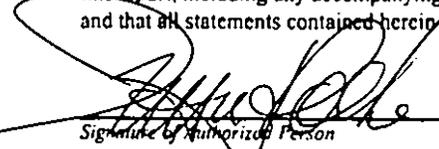
File Date 2/16/06

Check No. 2066

By: JR

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 of Authorized Person

10-400
Date

JAMES ROCHE
Print or Type Name of Authorized Person



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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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|---|-------------|--|-----------------------------|---------------|---------------|
| 1. ID No. 128247 | | 2. Exact name of the limited liability company Commercial Resources and Investments LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT CONSULTING | | | |
| 5. Principal office address | | | City | State | Zip |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name JAMES ROCHE | | | Contact Title MEMBER | | |
| Street Address 21 VALLEYBROOK DRIVE | | | City EAST GREENWICH | State RI | Zip 02808- |
| 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 JAMES ROCHE | | | • Manager Name | | |
| Street Address 21 VALLEYBROOK DRIVE | | | • Street Address | | |
| City EAST GREENWICH | State RI | Zip 02818 | • 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 CHARLES REILLY, ESQ. | | | Address 681 SMITH STREET | | |
| Address | | | City PROVIDENCE | Zip 02908- | |

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



1 2 8 2 4 7

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 M. Roche 12-17-04
Signature of Authorized Person Date
JAMES M. ROCHE
Print or type Name of Authorized Person

128247 DLLC 10/13/04 10:05:18 AM
File Date 12/17/04
Check No. 291
By: JM
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 02903-1335
401.222.3040

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. 128247 | | 2. Exact name of the limited liability company Commercial Resources and Investments LLC | | | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of the business which is actually conducted in Rhode Island Investment Consulting | | | |
| 5. Principal office address 21 Valleybrook Drive | | City East Greenwich | State RI | Zip 02818 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name James M. Roche | | Contact Title Member | | | |
| Street Address 21 Valleybrook Drive | | City East Greenwich | State RI | Zip 02818 | |
| 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 JAMES M. ROCHE | | Manager Name | | | |
| Street Address 21 Valleybrook Dr | | Street Address | | | |
| City East Greenwich | State RI | Zip 02818 | 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 Charles F. Reilly, Esq. | | Address | | | |
| Address 381 Smith Street | | City Providence, RI | Zip 02908 | | |

RECEIVED STATE SECRETARIES DIV. NOV 11 11 11 AM '03
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FILED

JAN 12 2004

By K.M.C.

C16433

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



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File Date _____
Check No. _____
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.

James M. Roche
Signature of Authorized Person _____ Date _____

James M. Roche

Print or Type Name of Authorized Person