



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. 103948		2. Exact name of the limited liability company Windsor Group, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CONSULTING AND ADVISING COMMERCIAL AND INDUSTRIAL BUSINESS ENTERPRISES DURING VARIOUS PHASES OF ORGANIZATION, OPERATION, DISSOLUTION AND SALE	
5. Principal office address 1485 SOUTH COUNTY TRAIL, SECOND FLOOR		City EAST GREENWICH	State RI
		Zip 02818-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name VINCENT A INDEGLIA		Contact Title	
Street Address 1485 SOUTH COUNTY TRAIL, SECOND FLOOR		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 VINCENT A. INDEGLIA		Manager Name	
Street Address 1485 SOUTH COUNTY TRAIL		Street Address	
City EAST GREENWICH	State RI	City 02818	State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L 7-16-11			
Agent Name VINCENT A. INDEGLIA, ESQ.		Address 1485 SOUTH COUNTY TRAIL, 2ND FLOOR	
Address		City EAST GREENWICH	Zip 02818-

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



1 0 3 9 4 8

103948 DLLC 10/24/05 01:08:57 PM

File Date 10/28/05

Check No. 243

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.

Signature of Authorized Person

Vincent A. Indeglia
Print or type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
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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. 103948	2. Exact name of the limited liability company Windsor Group, LLC		
3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island CONSULTING AND ADVISING COMMERCIAL AND INDUSTRIAL BUSINESS ENTERPRISES DURING VARIOUS PHASES OF ORGANIZATION, OPERATION, DISSOLUTION AND SALE		
5. Principal office address 1485 SOUTH COUNTY TRAIL, SECOND FLOOR		City EAST GREENWICH	State RI
		Zip 02818-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name VINCENT A INDEGLIA		Contact Title	
Street Address 1485 SOUTH COUNTY TRAIL, SECOND FLOOR		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		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 VINCENT A. INDEGLIA, ESQ.		Address 1485 SOUTH COUNTY TRAIL, 2ND FLOOR	
Address		City EAST GREENWICH	Zip 02818-

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



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103948 DLLC 11/18/04 04:35:31 PM
File Date <u>11/22/04</u>
Check No. <u>161</u>
By: <u>DA</u>
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.

Vincent A. Indeglia 11/18/04
Signature of Authorized Person Date

VINCENT A. INDEGLIA

Print or Type Name of Authorized Person



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

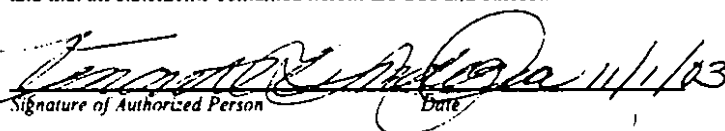
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 103948		2. Exact name of the limited liability company Windsor Group, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Consult and advise commercial and industrial business enterprise during various phases of organization, operation, dissolution and sale	
5. Principal office address 2850 South County Trail, Suite 4A		City East Greenwich	State RI
		Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Vincent A. Indeglia		Contact Title .	
Street Address 2850 South County Trail, Suite 4A		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) / 7-16-12			
Manager Name .		Manager Name .	
Street Address .		Street Address .	
City .	State .	City .	State .
Zip .		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 .		Address .	
Address Eg		City .	Zip .

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.


Signature of Authorized Person
Date **11/1/03**
Vincent A. Indeglia
Print or Type Name of Authorized Person

File Date 11/13/03
Check No. 105
By [Signature]
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 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 103948		2. Exact name of the limited liability company Windsor Group, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Consult and advise commercial and industrial business enterprises during various phases of organization, operation, dissolution and sale	
5. Principal office address 2850 South County Trail, Suite 4A		City East Greenwich	State RI Zip 02818
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON.			
Contact Name Vincent A. Indeglia		Contact Title .	
Street Address 2850 South County Trail, Suite 4A		City East Greenwich	State RI Zip 02818
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE 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 .		Manager Name .	
Street Address .		Street Address .	
City .	State .	City .	State .
Manager Name .		Manager Name .	
Street Address .		Street Address .	
City .	State .	City .	State .
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 842 - R.I.G.L. 7-16-11			
Agent Name Vincent A. Indeglia		Address .	
Address 2850 South County Trail, Suite 4A		City East Greenwich	Zip 02818

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

FILED	
File Date	OCT 01 2003
Check No.	BY IN 7614 C/M
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.

Signature of Authorized Person

Date

Vincent A. Indeglia

Print or Type Name of Authorized Person



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

2001

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)

1. ID No. 103948		2. Exact name of the limited liability company Windsor Group, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Consult and advise commercial and industrial business enterprises during various phases of organization, operation, dissolution and sale			
5. Principal office address 2850 South County Trail, Suite 4A		City East Greenwich	State RI Zip 02818		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON.					
Contact Name Vincent A. Indeglia		Contact Title			
Street Address 2850 South County Trail, Suite 4A		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 (P.X. BOX FOR ATTACHMENT) [] ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-66					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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 842. R.I.G.L. 7-16-66.					
Agent Name Vincent A. Indeglia		Address			
Address 2850 South County Trail, Suite 4A		City East Greenwich	State RI	Zip 02818	

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

FILED

File Date: OCT 01 2003

Check No. _____

By: M. Indeglia

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

Date

Vincent A. Indeglia

Print or Type Name of Authorized Person



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

ID Number 10394P

Annual Report for the year 2000

1. The name of the limited liability company is:

Windsor Group LLC

2. The address of the principal office of the limited liability company is:

2 Richmond Square Suite 100 Providence RI 02903

3. The state or other jurisdiction under the laws of which it is formed is:

RI

4. The name and address of its resident agent is:

Vincent A Indeglia
2 Richmond Square Suite 100 Providence RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

Vincent A Indeglia, 2 Richmond Sq
Suite 100 Providence RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state:

CONSULTING

7. If the limited liability company has managers, list the name and address of each manager:

Name

Address

Vincent A Indeglia
Ralph A Palumbo

2 Richmond Sq Suite 100 Providence RI 02903
2 Richmond Sq Suite 100 Providence RI 02903

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.

Date: OCT 3, 2000

Vincent A Indeglia

Exact Name of Limited Liability Company

FILED

OCT 03 2000

By IND 251794

By Vincent A Indeglia
Manager

Title



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

ID Number 103948

Annual Report for the year 1999

1. The name of the limited liability company is:
Windsor Group LLC
2. The address of the principal office of the limited liability company is:
2 Richmond Square Suite 100 Providence RI 02903
3. The state or other jurisdiction under the laws of which it is formed is: RI
4. The name and address of its resident agent is: Vincent A. Indeglia
2 Richmond Square Suite 100 Providence RI 02903
5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Vincent A. Indeglia 2 Richmond Sq
Suite 100 Providence RI 02903
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: CONSULTING
7. If the limited liability company has managers, list the name and address of each manager:

Name	Address
<u>Vincent A. Indeglia</u>	<u>2 Richmond Square Suite 100 Providence RI 02903</u>
<u>Ralph A. Pelumbo</u>	<u>2 Richmond Square Suite 100 Providence RI 02903</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.

Date: Oct 3, 2000

Vincent A. Indeglia
Exact Name of Limited Liability Company

FILED

OCT 03 2000

By JMD 251294

By Vincent A. Indeglia
Manager
Title