

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. 136749		2. Exact name of the limited liability company Cherrystone Angel Group, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO FACILITATE INVESTMENT IN RHODE ISLAND BUSINESSES	
5. Principal office address 40 WESTMINSTER STREET, ROOM 702/GARRETT HUNTER		City PROVIDENCE	State RI
		Zip 02903-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name GARRETT B HUNTER		Contact Title Secretary/Treasurer	
Street Address 40 WESTMINSTER STREET, SUITE 702		City PROVIDENCE	State RI
		Zip 02903-	
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 checked="" type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Jerry Cerce		Manager Name Chris DiNapoli	
Street Address 10 Dorrance Street		Street Address 287 Gibbs Avenue	
City Providence	State RI	City Newport	State RI
Zip 02903		Zip 02840	
Manager Name Peter C. Dorsey, Jr.		Manager Name Richard Horan	
Street Address 40 Westminister St., Suite 702		Street Address 30 Davol Square	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name SCOTT E. ORCHARD, ESQ.		Address 2800 FINANCIAL PLAZA	
Address EDWARDS & ANGELL, LLP		City PROVIDENCE	Zip 02903-

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

FILED

OCT 04 2005

By AMF
78785

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.

Garrett B. Hunter 9/8/05
Signature of Authorized Person Date

Garrett B. Hunter 9/8/05
Print or Type Name of Authorized Person Date

Cherrystone Angel Group, LLC
Annual Report

7. Continued

Garrett B. Hunter
40 Westminster St., Suite 702
Providence, RI 02903

Henry Kates
222 Williams Street
Providence, RI 02906

Jerry Schaufeld
3 Davol Square
Providence, RI 02903

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SECRETARY OF STATE
CORPORATIONS DIV
05 OCT -4 PM 2:04



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

Matthew A. Brawn, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

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. 136749		2. Exact name of the limited liability company Cherrystone Angel Group, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To facilitate investment in Rhode Island businesses.			
5. Principal office address 40 Westminster St., Suite 702		City Providence	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Garrett B. Hunter		Contact Title Secretary/Treasurer			
Street Address 40 Westminster St., Suite 702		City Providence	State RI	Zip 02903	
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 checked="" type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Garrett B. Hunter		Manager Name John Early			
Street Address 40 Westminster St., Suite 702		Street Address 98 Melbourn Rd.			
City Providence	State RI	Zip 02903	City Warwick	State RI	Zip 02886
Manager Name Jeffrey M. Jacober		Manager Name Alan D. Nathan			
Street Address 23 Acorn St.		Street Address 36 Appletree Ln.			
City Providence	State RI	Zip 02903	City Barrington	State RI	Zip 02806
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Gregory T. Pusch, Esq.		Address			
Address 2800 Financial Plaza		City Providence, RI		Zip 02903	

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



1 3 6 7 4 9

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.

Garrett B. Hunter 9/28/04
Signature of Authorized Person Date

Garrett B. Hunter, Secretary/Treasurer
Print or Type Name of Authorized Person

File Date	9/30/04
Check No.	1033
By:	GA
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Cherrystone Angel Group, LLC
Annual Report

7. Continued

C. Michael Hazard
23 Marlborough S.
Boston, MA 02116

Gina Raimondo
5784 Post Road, Suite 5
Warwick, RI 02818

Jamie Rice
101 Main St., 17th Floor
Kendal Square
Cambridg, MA 02142

Jerome J. Schaufeld
3 Davol Square
Providence, RI 02903

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FILED

SEP 30 2004

By SA