

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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ____

2005

(FORM MUST BE TYPED OF	R PRINTED IN BLACK)							
1. ID No.	2. Exact name of the limited	Exact name of the limited liability company						
133453	DeBlois Financial Ass	is Financial Associates, LLC						
3. State of Formation	4. Brief description	of the character of the bu	siness which is actually conducted in Rhode	· Island				
RHODE ISLAND TAX PREPARATION AND BOOKEEPING SE			PING SERVICES	BERVICES				
5. Principal office address			City	State	Zip			
534 STEE,	RE FARIN RD		HARRISUILLE	RI	02830			
6. MAILING ADDRESS	OF LIMITED LIABII	ITY COMPANY AND	NAME OR TITLE OF CONTACT I	PERSON:				
Contact Name			Contact Title					
PAUL A. DEE	31015		A SOLE.	A SOLE MEMBER				
Street Address			City	State	Ζφ			
534 STEERE	FARM RD		HARRISVILLE	RI	02830			
			D LIABILITY COMPANY, IF APPL	ICABLE				
			ATTACHMENTS ("X" BOX FO					
ANY	MODIFICATIONS TO	MANAGERS REQUI	RES FILING OF AMENDMENT, R.I	I.G.L. 7-16-12 (a) (2) /	7-16-52			
Manager Name			Manager Name					
			•		-			
Street Address			Street Address	Street Address				
					•			
City	State	Zip	City	State	Ζφ			
•••••								
Manager Name			Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip .	City	State	Ζφ			
10 <u>-</u>								
	IN RHODE ISLAND	DO NOT ALTER - CI	hanges require filing of Form 6	42 - R.I.G.L. 7-16-11				
Agent Name	• .	. i	Address					
PAUL A DEBLOIS								
Address			City	Ztρ				
534 STEERE FARM ROAD			HARRISVILLE	HARRISVILLE 02830-				
				1 3344				

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

File Date	0 26/05 133453					
Check No	1535					
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.

You & des	L 10/24/01
Signature of Authorized Pers	

PAUL	<u>A.</u>	DEBLOIS
Print or Type	Name	of Authorized Person



File Date

Check No.

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(FORM MUST BE TYPED									
1. ID No. 133453		Exact name of the limited liability company DeBlois Financial Associates, LLC							
3. State of Formation		4. Brief description of the	character of the business whi	ch is actually conduct	ed in Rhode Island	f			
RHODE ISLAND									
5. Principal office address				City C		State		Zψ	
4 MANING ADDRESS OF CHAPTER AND ADDRESS OF THE			MDANY AND NAME	OR TITLE OF C	NITACT DEDC			l <u></u>	
Contact Name	6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title								
PAUL A.									
Street Address	<u>s</u>	<u>J. G. 10.3</u>		City State Zip			Ζφ		
534 Stre	15 3	Fren Rose	•	Harren 11	-	RI	•	02830	
7. NAME AND ADDR	ESS OF	EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY	IE APPLICAR	I F		' -	
	.200 0.		BEFORE USING ATTAC	•	BOX FOR AT				
ANY	MODII		AGERS REQUIRES FIL					i- 52	
Manager Name				Manager Name	- · -		•		
			 						
Street Address				Street Address					
									
City		State	Zíp	City		State		Zip	
••••••	l	***************************************	 	: 	•••••••	1	· • • • • • • • • • • • • • • • • • • •	J	
Manager Name				Manager Name					
Sireei Address		-							
Sireer Nauress				Sirvet Address					
City		State	Ztp	City		State		Zíp	
8. RESIDENT AGENT	LIN RH	ODE ISLAND - DO N	OT ALTER - Changes	require filing o	Form 642	P I G I 7-10	6.11	J	
Agent Name			OT ALTIN CHANGES	Address	i rojili 042	K.1.G.E. <u>7</u> ',1	· · · · · · · · · · · · · · · · · · ·		
DALIL A DEDLOIC		•							
PAUL A. DEBLOIS				ļ			_	-	
Address				City			Ζφ		
534 STEERE FARM R	OAD	· · · · ·		HARRISVILLE 02830-					
		—							
This report must be signed in ink by an authorized person pursuant to R.J.G.L. 7-16-66.									
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	* 1	3 3 4 5 3	*	Linder nen	alty of periuse I	declare and a	ffirm that I be	ave examined this most	
Under penalty of perjury, I declare and affirm that I have e including any accompanying schedules and statements, and									

contained herein are true and correct.

Print or Type Name of Authorized Person