

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

Matthew A. Brown, Secretary of State

Filing Period: September 1 - November 1

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

| IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 200 | IMITED | LIABILITY | COMPANY | ANNUAL. | REPORT | FOR THE | YEAR | 2005 |
|---|--------|-----------|---------|---------|--------|---------|------|------|
|---|--------|-----------|---------|---------|--------|---------|------|------|

Filing Fee: \$50.00

| (FORM MUST BE TYPED (| OR PRINTED IN BLACK) | | | | | |
|-----------------------------|---|-----------------------------|---|---------------|----------------|-------------------------|
| 1. ID No. , | 2. Exact name of the limited l | | - | | | |
| | Consulting Group II, LL | | | | | |
| 3. State of Formation | CONDOMINIUM | | ich is actually conducted in Rhode Island | 1 | | |
| RHODE ISLAND | CONDOMINION | OWNERSHIP | | | | |
| 5. Principal office address | 1.00 | | City | State | | Ζφ |
| a/ WILKINSON | 4550CIATES 61 | 15 JEFFERSON BLVD | N WARWICK | RI | | 02886 |
| 6. MAILING ADDRES | S OF LIMITED LIABILE | TY COMPANY AND NAME | OR TITLE OF CONTACT PERS | ON: | | - |
| Contact Name ROBERT S | TOUTH A CONTRACT | · ^- | Contact Title | | | |
| Street Address | STEVEN WILKIN | SON. PE | phys. | T c | | 71. |
| 18 Nipsah | 01 | | E Greenwich | State | | Ζφ |
| | | D OF THE LIMITED LIAD | ILITY COMPANY, IF APPLICAB | 11 ~ — | . . | · • • · · · · |
| 7. NAME AND ADDR | | CES BEFORE USING ATTA | | | л П | |
| ANY | | | LING OF AMENDMENT, R.I.G.L | | | 52 |
| Manager Name | | | Manager Name | | | • • |
| DONALD | P. WILKING | SON PE | Mobert Steve | en Wi | ikiason | • |
| Street Address | - 1 | | Strect Address | | | - |
| 110 Larch | <u>ार </u> | | 18 N. Dsah 19 | oad | | |
| Clar Caran | State | Zip | City | State | | Z(p |
| Corenwia | \ \ \(\lambda + \) | | E Greenwich | 1 17 + | · | > 381 A |
| Manager Name | | | Manager Name | | | |
| Street Address | | | : Street Address | | | |
| | | | | | | |
| City | State | Zψ | City | State | | Zip |
| | | | | | _ , } | |
| | ' IN RHODE ISLAND - I | OO NOT ALTER - Changes | require filing of Form 642 - | R.I.G.L. 7-1 | 6-11 | <u>-</u> . |
| Agent Name | | | Address | | | |
| LAURA N. WILKINSON | | | | | | |
| Address | | | City | i | Zip | |
| 2800 FINANCIAL PLAZ | <u> </u> | | PROVIDENCE | | 02903 | |
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| | | | | | P.Y | 700 |
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| | This report mu. | st be signed in ink by an a | uthorized person pursuant to R.i | .G.L. 7-16-0 | S6. | 52 D |
| | | | | | N | Y TE |
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| | | | | | | |
| | 188191 11881 11818 48111 18881 BI | | | | | |
| | | | Under penalty of perjury, l | daalara and c | OG-m that I ha | us examined this report |
| | | II BING ENDI | including any accompanyi | | | |
| | **** | | contained herein are true a | | | |
| File Date | *119754* | | 1. 4 | 111. | 7, | |
| Fi | LED | | Westom | úWM | 11 | 8.30.05 |
| Check No. | 1 71 0007 | _ | Signature of Authorized Pers | on | Date | |
| By: | 17 2005 | | | | | |
| D. | Ma A | ald ■ | eobert sin | | LKINISON | 4 |
| FOR SECULTAR | Y OF STATE UP ON X | 7 17 | Print or Type Name of Auth | orized Person | | |
| | | - 1 | | | | Form 632 Rev. 7/03 |



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

2004

| Filing Period: Septem (FORM MUST BE TYPED | | | Filing Fee: \$50.00 | | | | |
|--|----------|--|--|--|--------------------|-----------------|----------|
| 1. ID No. 119754 | • | name of the limited liabilities. Iting Group II, LLC | у сотрапу | | | | |
| 3 State of Formation | | 4. Brief description of the | character of the business whi | ch is actually conducted in Rhode Islan | d | | |
| RHODE ISLAND | | CONDOMINIUM O | WNERSHIP | | | | |
| 5. Principal office address | | | | City | State | | Zip |
| 00 WILKINSO | ON A55 | BociAtes 615 | JEFFERSON BLV | D WARWICK | RI | | 02886 |
| 6. MAILING ADDRE | SS OF LI | MITED LIABILITY | COMPANY AND NAME | OR TITLE OF CONTACT PERS | ON: | | • |
| Contact Name | | , | | Contact Title | | | |
| DONALD | P. W | ILKINSON . F | DE | : | | | |
| Street Address | | | | City | State | · | Ζφ |
| | | | | | | | |
| 7. NAME AND ADDI | RESS OF | EACH MANAGER O | F THE LIMITED LIABI | LITY COMPANY, IF APPLICAT | BLE | | · |
| | | FILL IN SPACES | BEFORE USING ATTAC | CHMENTS ("X" BOX FOR AT ING OF AMENDMENT, R.I.G.L | TACHMENT) | _ | -52 |
| Manager Name | | | | Manager Name | | , (-, , , , , , | , |
| | N L | UILKINSON | PE | Prurage rume | | | |
| Street Address | | | | Street Address | | | |
| City | | State | Ζφ | Gity | State | | Zip |
| Manager Name | ••••••• | •••••• | ······································ | Manager Name | | •••••• | / |
| Street Address | | | | Street Address | | | |
| City | | State | Z(p | City | State | | Zip |
| 8. RESIDENT AGENT | T IN RH | ODE ISLAND - DO N | I IOT ALTER - Changes | : require filing of Form 642 - Address | I R.I.G.L. 7-10 | 6-11 | I |
| LAURA N. WILKINSO | N | | | | | | |
| Address | | | | City | | Zip | |
| 2800 FINANCIAL PLA | ZA | | | PROVIDENCE | | 02903- | |
| | | | | ! | | | |
| | | | | | | | |
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

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| File Date _ | 1/18/05 | | | | | | |
|-------------|---------------------------------|--|--|--|--|--|--|
| Check No | 104/ | | | | | | |
| Ву: | <i>D</i> # | | | | | | |
| FO | FOR SECRETARY OF STATE USE ONLY | | | | | | |

| Under penalty of perjury, I declare and affirm that I have examined this rep | port, |
|--|-------|
| including any accompanying schedules and statements, and that all statements | ents. |
| compined herein are true and correct. | |

DONALD P. WILKINSON
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 Mam Street Providence, RI 02903-1335

401.222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2003

| <i>T ID No.</i> 119754 | | Exact name of the limited liability company Consulting Group II, LLC 4 Brief description of the character of the business which is actually conducted in Rhode Island | | | | | | |
|--|----------------------------|---|--|---|---------------|--|--|--|
| 3 State of Formation | 4 Brief description | n of the character of the business wh | ich is actually conducted in | Rhode Island | - | | | |
| RHODE ISLAND | CONDO | MINIUM OWN | ERSHIP | | | | | |
| Principal office ad | FERSON BLVD. | KINSON ASSOC | WARWICK | , State | OZ 886 | | | |
| . MAILING ADI | DRESS OF LIMITED LIABII | HTY COMPANY AND NAME | OR TITLE OF CONTA | ACT PERSON: | 102000 | | | |
| Contact Name | | | Contact Title | | | | | |
| _ DON! | ALD P. WILKI | NSON, PE | | | | | | |
| treet Address | | · | City | State | Zip | | | |
| | | | | | | | | |
| NAME AND A | | GER OF THE LIMITED LIAB | | | _ | | | |
| | | ACES BEFORE USING ATTAC | | | | | | |
| | | | | | | | | |
| | ANY MODIFICATIONS TO | MANAGERS REQUIRES FII | : | 1, K.I.G.L. /-10-12 (a) | (2) / /-10-52 | | | |
| anager Name | | | Manager Name | 1, R.I.G.L. /-10-12 (a) | (2) / /-10-32 | | | |
| mager Name R.S | TEVEN WILK! | | Manager Name | | (2) / /-10-52 | | | |
| tanager Name R.S | | | : | 1, R.I.G.L. 7-10-12 (a) | (2) / /-10-52 | | | |
| anager Name A. S. | | | Manager Name | | | | | |
| anager Name R. S. | TEVEN WILKI | NSON . PE | Manager Name Street Address | | Zip | | | |
| mager Name A. S. reet Address | TEVEN WILKI | NSON . PE | Manager Name Street Address | | | | | |
| tanager Name A S reet Address us tanager Name | TEVEN WILKI | NSON . PE | Manager Name Street Address City | | | | | |
| tanager Name Level Address an tanager Name | TEVEN WILKI | NSON . PE | Manager Name Street Address City | | | | | |
| tanager Name Treel Address treel Address treel Address | TEVEN WILKI | NSON . PE | Manager Name Street Address City Manager Name | | | | | |
| tanager None Treet Address treet Address treet Address | TEVEN WILKI | NSON . PE | Manager Name Street Address City Manager Name Street Address City | State State | Zip | | | |
| tanager Name treet Address treet Address treet Address treet Address | TEVEN WILKI | NSON . PE | Manager Name Street Address City Manager Name Street Address City require filing of Fo | State State | Zip | | | |
| tanager Name treel Address treel Address treel Address treel Address try RESIDENT AG | State State State State | NSON . PE | Manager Name Street Address City Manager Name Street Address City | State State | Zip | | | |
| Amager Name Arest Address Januager Name Freet Address | State State State State | NSON . PE | Manager Name Street Address City Manager Name Street Address City require filing of Fo | State State rm 642 - R.I.G.L. 7-16- | Zip | | | |

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

| | | 1 1 | 9 7 | | 4 * |
|-----------|-------------|--------------|------------|----------------|-----|
| File Date | 3. | · 2 · 103 | 04 | | |
| Check No | | 2 | | | |
| | OR SECRET | ARY OF STA | TE USE ONL | · | |

| Inder penalty of perjury, I declare and affirm that I have examined this report. |
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| ncluding any accompanying schedules and statements, and that all statements, |
| ontained hereig are frue and correct. |
| In all in 1/22/2014 |
| ignature of Authorized Person Date |
| New Man Day 10 and 1 |



2. Exact name of the limited liabilty company

Consulting Group II, LLC

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.

119754

3. State of Formation

Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, R1 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

4. Brief description of the character of the business which is actually conducted in Rhode Island

| RHODE ISLAND | Cordon | nion Owne | rship | | |
|--|-------------------|---|--|-------------------------------------|-------------------------|
| 5. Principal office address 615 Jefferson | Blvd Yo | Wilkinsm / | e Loui | Siale | ^{Zip} 02886 |
| 6. MAILING ADDRESS O | F LIMITED LIAB | ILITY COMPANY A | | F CONTACT PI | ERSON: |
| Coniaci Name Dansld P. | Wilkinson | P.E. | Contact Title | | |
| 615 Jeffe 500 L | vd. | | · Warwick | State RI | 09886 |
| 7. NAME AND ADDRESS O ANY MO | FILL IN SPACES I | BEFORE USING ATT | | OR ATTACHMENT, | |
| Manager Name R Sky | en Wilkins | on P.E. | • Manager Name • | | |
| 615 effection | INSOL ASSO | enc | Street Address | | |
| Warwick | State | 2ip 02886 | *City | State | Zip |
| Manager Name DONALO | PWIMINE | N PE | *Manager Name | | |
| | EN STILL | 196 | *Street Address | | 19% |
| WORLT IK | El | OZN4 | .City | State | Zip |
| 8. RESIDENT AGENT IN RE | ODE ISLAND-00 | NOT ALTER- Chang | البائد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد | m 642 - R.I.G.L. | 7-16-11 |
| Agent Name LAURA N. WILKINSON | | | Address | | |
| Address | | | City | | Zip |
| 2800 FINANCIAL PLAZA | | | PROVIDENCE | | 02903- |
| This report must be s igned | in ink by an auth | orized person pursi | uant 10 7-16-66. | | |
| * 1 File Date 10-30 Check No. 10/3 By. Am | 1 9 7 5 4 | # 15 10 15 38 *********************************** | Under penalty of perj | any accompanying s contained herein | _ 9/12/2002 |
| FOR SECRETARY OF STATE U | | | Print or Type Name of a | Authorized Person | |