



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. 126956 | | 2. Exact name of the limited liability company RI LAWYERS ONLINE.COM, LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island INTERNET WEBSITE TO ADVERTISE ATTORNEYS | | | |
| 5. Principal office address 16 MAIN STREET | | City EAST GREENWICH | State RI | Zip 02818- | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name THOMAS J DISANTO | | Contact Title MEMBER | | | |
| Street Address 16 MAIN STREET | | 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 NONE | | *Manager Name NONE | | | |
| Street Address | | *Street Address | | | |
| City | State | Zip | *City | *State | *Zip |
| Manager Name NONE | | *Manager Name NONE | | | |
| 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 ADLER POLLOCK & SHEEHAN P.C. | | Address ONE CITIZENS PLAZA, 8TH FLOOR | | | |
| Address | | City PROVIDENCE | Zip 02903- | | |

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



1 2 6 9 5 6

126956 DLLC 09/08/05 11:47:04 AM

File Date **FILED**

Check No. NOV 04 2005

By: By KML C81423

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.

Thomas J. Disanto 10/14/05
Signature of Authorized Person Date

THOMAS J. DISANTO
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
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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. 126956 | 2. Exact name of the limited liability company RI LAWYERS ONLINE.COM, LLC |
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| | |
|---------------------------------------|--|
| 3. State of Formation RHODE ISLAND | 4. Brief description of the character of the business which is actually conducted in Rhode Island INTERNET WEBSITE TO ADVERTISE ATTORNEYS |
|---------------------------------------|--|

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|---|------------------------|-------------|---------------|
| 5. Principal office address 16 MAIN STREET | City EAST GREENWICH | State RI | Zip 02818- |
|---|------------------------|-------------|---------------|

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|--|-------------------------|
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | |
| Contact Name THOMAS J DISANTO | Contact Title MEMBER |

| | | | |
|----------------------------------|------------------------|-------------|---------------|
| Street Address 16 MAIN STREET | 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)
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

| | |
|----------------------|----------------------|
| Manager Name NONE | Manager Name NONE |
|----------------------|----------------------|

| | |
|----------------|----------------|
| Street Address | Street Address |
|----------------|----------------|

| | | | | | |
|------|-------|-----|------|-------|-----|
| City | State | Zip | City | State | Zip |
|------|-------|-----|------|-------|-----|

| | |
|----------------------|----------------------|
| Manager Name NONE | Manager Name NONE |
|----------------------|----------------------|

| | |
|----------------|----------------|
| 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 - RLGL 7-16-11

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|--|---------------------------------|
| Agent Name ADLER POLLOCK & SHEEHAN P.C. | Address 2300 FINANCIAL PLAZA |
|--|---------------------------------|

| | | |
|---------|--------------------|---------------|
| Address | City PROVIDENCE | Zip 02903- |
|---------|--------------------|---------------|

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



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|------------------------------------|
| *126956 DLLC 09/10/04 09:00:11 AM* |
| File Date 10.4.04 |
| Check No. 10634 |
| 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.

9-30-04
Signature of Authorized Person Date

THOMAS J. DISANTO
Print or Type Name of Authorized Person



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)

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|---------------------|--|
| 1. ID No. 126956 | 2. Exact name of the limited liability company RI LAWYERS ONLINE.COM, LLC |
|---------------------|--|

| | |
|---------------------------------------|--|
| 3. State of Formation RHODE ISLAND | 4. Brief description of the character of the business which is actually conducted in Rhode Island Internet website to advertise attorneys |
|---------------------------------------|--|

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|---|------------------------|-------------|--------------|
| 5. Principal office address 16 Main Street | City East Greenwich | State RI | Zip 02818 |
|---|------------------------|-------------|--------------|

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|--|-------------------------|--|--|
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Thomas J. DiSanto | Contact Title Member | | |

| | | | |
|----------------------------------|------------------------|-------------|--------------|
| Street Address 16 Main Street | 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)
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

| | | | | |
|----------------------|----------------|------|-------|-----|
| Manager Name None | Street Address | City | State | Zip |
|----------------------|----------------|------|-------|-----|

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|----------------|------|-------|-----|
| Street Address | City | State | Zip |
|----------------|------|-------|-----|

| | | | | | |
|------|-------|-----|------|-------|-----|
| City | State | Zip | City | State | Zip |
|------|-------|-----|------|-------|-----|

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|--------------|----------------|------|-------|-----|
| Manager Name | Street Address | City | State | Zip |
|--------------|----------------|------|-------|-----|

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|----------------|------|-------|-----|
| Street Address | City | State | Zip |
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|------|-------|-----|------|-------|-----|
| City | State | Zip | City | State | Zip |
|------|-------|-----|------|-------|-----|

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| 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 | |
| Agent Name EMILE F. MARTINEAU, ESQ. | Address 20 METTATUXETT ROAD |

| | | |
|---------|----------------------|--------------|
| Address | City NARRAGANSETT | Zip 02882 |
|---------|----------------------|--------------|

3 57 PM '04

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



1 2 6 9 5 6

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.

Thomas J. DiSanto 8/26/04
Signature of Authorized Person Date

Thomas J. DiSanto, Member
Print or Type Name of Authorized Person

| |
|---------------------------------|
| *126956 DLLC 08/03/04 02:33 PM* |
| FILED |
| File Date AUG 31 2004 |
| Check No. |
| By <i>[Signature]</i> 3078 |
| FOR SECRETARY OF STATE USE ONLY |