



**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. 126059		2. Exact name of the limited liability company Shilad Solutions L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HEALTH CARE CONSULTING & SOFTWARE DEVELOPMENT			
5. Principal office address 29 DENNELL DRIVE		City LINCOLN	State RI	Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name SHAFI SHILAD			Contact Title President		
Street Address 29 Dennell Drive		City Lincoln	State RI	Zip 02865	
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 SHAFI SHILAD			Manager Name		
Street Address 29 Dennell Drive		Street Address			
City Lincoln	State RI	Zip 02865	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 642 - R.I.G.L. 7-16-11					
Agent Name SHAFI SHILAD			Address		
Address 29 DENNELL DRIVE		City LINCOLN	Zip 02865-		

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



File Date	9/20/05	*126059*
Check No.	1006	
By:	<i>AS</i>	
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.

*Shafi Shilad* 9/10/2005  
Signature of Authorized Person Date  
SHAFI SHILAD  
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

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**2004**

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5. Principal office address 29 Dennell Drive		City Lincoln	State RI	Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Shafi Shilad			Contact Title President		
Street Address 29 Dennell Drive		City Lincoln	State RI	Zip 02865	
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 SHAFI U. SHILAD			Manager Name		
Street Address 29 Dennell Drive		Street Address			
City Lincoln	State RI	Zip 02865	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 642 - R.I.G.L. 7-16-11					
Agent Name SHAFI SHILAD			Address		
Address 29 DENNELL DRIVE		City LINCOLN	Zip 02865		

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



\* 1 2 6 0 5 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.

*Shafi Shilad*  
Signature of Authorized Person Date

SHAFI U. SHILAD  
Print or Type Name of Authorized Person

File Date 12/14/04  
Check No. 1066  
By: W.  
FOR SECRETARY OF STATE USE ONLY



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003**

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5 Principal office address 29 DENNELL DRIVE		City LINCOLN	State RI
		Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name SHAFI SHILAD		Contact Title PRESIDENT	
Street Address 29 DENNELL DRIVE		City LINCOLN	State RI
		Zip 02865	
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 SHAFI SHILAD		Manager Name	
Street Address 29 DENNELL DRIVE		Street Address	
City LINCOLN	State RI	City	State
Zip 02865		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 SHAFI SHILAD		Address	
Address 29 DENNELL DRIVE		City LINCOLN	Zip 02865

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



\* 1 2 6 0 5 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.

**RECEIVED**

File Date JAN 14 2004

Check No BY 100 1030

By \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Shafi Shilad 11/12/2003  
Signature of Authorized Person Date

SHAFI SHILAD  
Print or Type Name of Authorized Person