

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

Matthew A. Brown, Secretary of State

Corporations Divis 100 Nonh Main St. Providence, RI 02903-13 401.222.30

rung reriow septe	ABILITY CO mber 1 - November 1 OR PRINTED IN BIACK)	 Filing Fee: \$50.00 	AL REPORT FOR 1	THE YEAR	2005	
1. ID No. 143469	2. Exact name of the limit	t name of the limited liability company ure Support Associates, LLC				
3. State of Formation DELAWARE		4. Brief description of the character of the husiness which is actually conducted in Rhode Island Services				
5. Principal office address			City	State	Ζίρ	
18980 Upper Belmont Place			Lansdowne	מעו	20176	
6. MAILING ADDRI	SS OF LIMITED LIAB	ILITY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:	20170	
Kenneth R. Goldstein			Contact Title			
			Vice President			
Street Address			City	State	Zip	
600 Third Avenue 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED L			New York	NY	10016	
Manager Name Kenneth R.	1 MODIFICATIONS 1	PACES BEFORB USING A O MANAGERS REQUIRE.	TTACHMENTS ("X" BOX FO S FILING OF AMENDMENT, R Manager Name	OR ATTACHMENT) [] .1.G.L. 7-16-12 (a) (2)	/ 7-16-52	
Street Address 600 Third Avenue			Street Address			
City New York	State NY	<i>Ζφ</i> 10016	City	State	Ζφ	
Manager Name			Manager Name			
Street Address			Street Address			
City [,]	State	Zip	City	State	Zφ	
8. RESIDENT AGEN	I IN RHODE ISLAND	DO NOT ALTER - Cha-	iges require filling of Form ((/2) 1 () 5 ()		
Agent Name	Commence of the Action Control	- Contraction of the Contraction	Address	544 - K.I.G.L. 7-16-11		
CT CORPORATION SY	STEM					
Address			City	20.		
10 WEYBOSSET STREET			PROVIDENCE	<i>Ζφ</i> 02903-		

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



143469

Check No FOR SECRETARY OF STATE USB ONLY Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statemer contained herein are true and correct.

Signature of Authorized Person

Kenneth R. Goldstein Print or Type Name of Authorized Person