



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 131273		2. Exact name of the limited liability company Legal Management Services, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island LAW FIRM			
5. Principal office address 55 Hammarlund Way		City Middletown		State RI	Zip 02842
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Bruce Tucker			Contact Title President		
Street Address 55 Hammarlund Way		City Middletown		State RI	Zip 02842
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			Manager Name		
Street Address			Street Address		
City	State	Zip	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 BRUCE G. TUCKER, ESQ.			Address		
Address 55 HAMMARLUND WAY			City MIDDLETOWN	Zip 02842	

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



File Date	9/12/05	*131273*
Check No.	1995	
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.

9/15/05  
Signature of Authorized Person Date  
BRUCE G TUCKER  
Print or Type Name of Authorized Person



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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 131273		2. Exact name of the limited liability company Legal Management Services, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Law Firm	
5. Principal office address 55 Hammarlund Way		City Middletown	State RI
		Zip 02842	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Joanne Mayopoulos		Contact Title Office Administrator	
Street Address 55 Hammarlund Way		City Middletown	State RI
		Zip 02842	
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		Manager Name	
Street Address		Street Address	
City	State	Zip	City
	RI	02842	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name BRUCE G. TUCKER, ESQ.		Address AQUIDNECK CORPORATE PARK	
Address 85 JOHNNYCAKE HILL ROAD		City MIDDLETOWN	Zip 02842

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



\* 1 3 1 2 7 3 \*

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.

File Date 9/20/04  
Check No. 1702  
By: DA

FOR SECRETARY OF STATE USE ONLY

NO. 112 SE 1 81 SEP  
RECEIVED  
STATE OF RHODE ISLAND

Signature of Authorized Person  
Date 9/20/04  
Bruce G. Tucker  
Print or Type Name of Authorized Person