

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

	PED OR PRINTED IN BLACK)	• Fung Fee: \$50	1.00						
1. ID No 131273	2. Exact name of the limite	2. Exact name of the limited liability company							
·	Legal Management So								
3 State of Formation		on of the character of the bi	isiness which is actually conducted in Rhode Isi	and					
RHODE ISLANI									
5 Principal office ad		marlund Wa	ay Middle town	State R 1	2ip 0 2842				
6 MAILING ADI		= :	• • •	, ,	02072				
Contact Name	DVE22 OF TIMITED FIVE	LITT COMPANT AND	NAME OR TITLE OF CONTACT PE	RSON:					
Bruce Tucker			President	Contact Title President					
55 Hamniarlund Way			President Middletown	State R1	02842				
7. NAME AND A	DDRESS OF EACH MANAG	GER OF THE LIMITE	: D LIABILITY COMPANY, IF APPLIC	ABLE .	• 1				
	FILL IN SPA	ACES BEFORE USING	GATTACHMENTS ("X" BOX FOR A	ATTACHMENT) 🔲					
Managas Nama	ANT MODIFICATIONS 10	MANAGERS REQUI	RES FILING OF AMENDMENT, R.I.C	i.L. 7-16-12 (a) (2)	7-16-52				
Manager Name			Manager Name						
Street Address			Street Address		 				
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Cuy	State	Zip	City	State	Zip				
Manager Name	I		Manager Name						
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City	State	Zip	City	State	Zψ				
8. RESIDENT AC	I GENT IN RHODE ISLAND -	DO'NOT ALTER - C	: hanges require filing of Form 642	R.I.G.L. 7-16-11	t				
Agent Name			Address						
BRUCE G. TUCKE	R, ESQ.								
Address			Cuy [,]	Zip	Zip				
55 HAMMARLUND WAY			MIDDLETOWN	MIDDLETOWN 02842-					
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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: On Sugar	ARY 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.

Senature Andhorized Person Date

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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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 BIACK) J. ID No. 2. Exact name of the limited liability company 131273 Legal Management Services, LLC 3 State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **RHODE ISLAND** 5. Principal office address 55 Hammarlund Middletown 02842 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Joan<u>ne</u> 02842 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 Manager Name Street Address Street Address Sunte 7.Ip Manager Name Manager Name Street Address Street Address City Z(p) State Zip 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of form 642 - R.I.G.I., 7-16-11 Agent Name BRUCE G. TUCKER, ESQ. AQUIDNECK CORPORATE PARK City Zip **85 JOHNNYCAKE HILL ROAD MIDDLETOWN** 02842-

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

FOR SECRETARY

 	including any accompanying schedules and statements, and that all statements,
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702	31718 30 Garage of Authorized Person Date
) A	31V18 3C 46V1 / Signature of Authorized Person Date 03A13038 R
OF STATE USE ONLY	Print or Type Name of Authorized Person

Under penalty of perjury, I declare and affirm that I have examined this report,