

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. 1D No. 2. Exact name of the limited liabilty company 132774 Eric Warren Goldman Consulting, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island CONSULTING OFFICE AND SUPPORT SERVICES **RHODE ISLAND** 5. Principal office address 448 G: BBS NEWPORT 498 CONTRACTOR AVENUE RI 02840ndename ortitle/opeontact persone 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY A Contact Name Contact Title ERIC WARREN GOLDMAN Street Address Cin State 448 G: BBS AVENUE NEWPORT RΙ 02840-DRESS OF EXCHIMANAGER OF THE LIMITED AT TABILITY COMPANYAGE APPLICABLE. CENTRAL PROPERTY. Manager Name · Manager Name Eric Warren Goldman Street Address · Street Address 448 G, BBS Ave. City State Zip State Zio Newport RI 02840 Manager Name Manager Name Street Address ·Street Address City State State

City

NEWPORT

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



MARK B. BARDORF, ESQ.

Address

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Ву:	W			
FOR SECRE	TARY OF STATE	USE ON	LY	

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.
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02840-

ERIC WARREIN GOLDMAIN
Print or Type Name of Authorized Person

36 WASHINGTON SQUARE



Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

132774 State of Formation	Eric Warren Gold	et name of the limited liability company Namen Goldman Consulting, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island					
RHODE ISLAND	I =		L and Support				
<i>Principal office addr</i> 29 Coggeshal	ess 1 Ave		City Newport	State RI	Zip 02840		
6. MAILING ADD Contact Name Eric Warren		LIABILITY COMPA	NY AND NAME OR TITLI Contact Title President	OF CONTACT PER	SON:		
iree Address 29 Coggeshall Ave			Ciny Newport	State RI	<i>Zip</i> 02840		
anager Name Cric Warren G	ANY MODIFICATION	PACES BEFORE USING S TO MANAGERS REQU	RATTACHMENTS C'X" BOX IRES FILING OF AMENDMENT. • Manager Name •	FOR ATTACHMENT) R.I.G.L 7-16-12 (a) (2) /	7-16-52		
Street Address 129 Coggeshall Ave			Street Address	Sireet Address			
Sily Newport	State R I	<i>Zip</i> 02840	*City	State	Zıp		
danager Name			Manager Name				
treet Address	et Address		*Street Address	Street Address			
City	State	Zip	City	State	Zip		
RESIDENT AGE	NT IN RHODE ISLAN	D-DO NOT ALTER- Ch	anges require filing of	Form 642 - R.I.GL. 7-	16-11		
MARK B. BARDO	ORF FSO		Address	AVENTIE			
Address			City	130 BELLEVUE AVENUE			
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