

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, R1 02903-1315 401-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005 Filing Period: September 1 - November 1 • Filing Fee: \$50.00 IFORM MUST BE TYPED OR PRINTED IN BLACK

1 10 No.	2. Exact name of the li				
104117	Brokers' Service	Marketing Group II I	LLC		
3. State of Formation	4. Bne/descry	otion of the character of th	e business which is actually conducted	in Rhode Island	
RHODE ISLAND	TO SELL ;	UND BROKER PINANO	CIAL PRODUCTS OF ALL TYP	ES	
5 Principal office addr 500 SOUTH MAI			City	State	Zp
			PROVIDENCE	RI	02903
Contact Name DAVID B LEA	RESS OF LIMITED	FIVBIFILE COWN	ANY AND NAME OR TITLE Contact Title MANAGER	OF CONTACT PER	RSON:
Sireet Address			City	State	[2ρ
500 SOUTH MAI			PROVIDENCE	RI	02903-
T. NANIE AND AD:	FILL IN S	PACES BEFORE USING	LIMITED LIABILITY COMI G ATTACHMENTS ("X" BOX F MRES FIUNG OF AMENDMENT. R	OR ATTACHMENT)	
DAVID B LEA.	TD.		· Manager Name		· - · -
Sirrei Address	JK		NONE		
500 SOUTH MAI	N STREET		· Sireei Address		
Cuy	State	Zip	·Cuy	State	Žp
PROVIDENCE	RI	02903	•		
Manager Name NONE			Manager Name NONE		• • • • • • • • • • • • • • • • • • • •
Sireel Address	<u> </u>		· Sirect Address	·	
City	Siore	Zip	,Cay	State	Zip
Agent Name	K & SHEEHAN P.C	D .00 NOT ALTER- C	hanges require filling of Fo	•	R
	·		PROVIDENCE		2903
This report must be	signed in ink by a	n authorized person	pursuant to 7-16-66. Under vensity of per	ivey. I declare and offi	om that I have examined
File Daie 9	0706/06 03:28:30 PM 24 0 5 27593— CAM- STATE USE ONLY	A*	this report, including	any accompanying so is contained herein are I Person EA, JR.	hedules and statements.



Matthew A. Brown. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

r ning rerina: sep	LIABILITY C tomber I - November PED OR PRINTED IN BL	l 🏓 Filing Fee: \$5	NUAL REPORT FO	OR THE YEA	AR 2004			
1. ID No. 104117	2. Exact name of the li	me of the limited liability company Service Marketing Group II LLC						
3 State of Formation				in Whada Island				
RHODE ISLAND		AND BROKER FINANC	CIAL PRODUCTS OF ALL TYP	nsiness which is actually conducted in Rhode Island AL PRODUCTS OF ALL TYPES				
5 Principal office add 500 SOUTH MA			City PROVIDENCE	Siate RI	7 <i>1p</i> 02903	_		
DAVID B LEA,		LIABILITY COMP.	Contact Title MANAGER	OF CONTACT PER	RSON:	_		
Street Address 500 SOUTH MAI	IN STREET		City . PROVIDENCE	State RI	7.p 02903 -			
Manager Name DAVID B. LEA	ANY MODIFICATIONS	PACES BEFORE USING	ATTACHMENTS ("A" BOX F MRES FILING OF AMENDMENT. R Monager Name NONE	RES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) [2] / 7-16-52 - Monager Name NONE				
500 SOUTH MA	IN STREET		· Sirvet Address					
City PROVIDENCE Atlanager Name NONE	State RI	2 <i>p</i> 02903	'Cin' 'Manager Name 'NONE	Manager Name				
Sireei Address	 -		·Street Address					
City	State	Zip	.Cin-	State	Zip			
8. RESIDENT AGE Agent Name	NT IN RHODE ISLAN	D-DO NOT ALTER- CI	nanges require filing of Fo	orm 642 - R.I.G.1., 7-	16-11			
ADLER POLLO	CK & SHEEHAN P.C	<u>.</u>	2300 FINANCIAL	PLAZA				
Address			City		ip			
			PROVIDENCE 02903		02903			

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



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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 trugand correct.

Signature of Authorized Person

Print or Type Name of Authorized Person



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

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LIMITED	LIABILI	TY CO	MPANY ANI	NUAL REPORT FO	R THE YEA	R 2003		
Filing Period: Se	ptember I - N	ovember i	🏓 Filing Fee: SS(0.00				
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J. State of Formation				histness which is actually conducted			_	
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5 Principal office a	ddress	_		City	Siare	Zip	_	
500 SOUTH M	AIN STREET	•		PROVIDENCE	RI	02903		
6. MAILING AL	DRESS OF I	LMITED	LIABILITY COMPA	NY AND NAME OR TITLE	OF CONTACT PER	SON:	_	
Contact Name				Contact Title			_	
DAVID B LEA	, JR.			.MANAGER				
Street Address			-	City	State	720	_	
500 SOUTH MA	AIN STREET			PROVIDENCE	RI	02903-		
7. NAME AND A	DDRESS OF	EACH M	ANAGER OF THE	IMITED LIABILITY COM	ANY IF APPLICA	.CI.E	-	
		FILL IN SI	ACES BEFORE USING		OR ATTACHMENT)			
<u> </u>				IRES FILING OF AMENDMENT. R		7-16-52		
Manager Name	-			· Manager Name			-	
DAVID B. LE	A, JR.			NONE				
Street Address		-		*Sirect Address				
500 SOUTH M	AIN STREET			:				
City	Sta	ie	2ip	*City	Sinic	Zip	-	
PROVIDENCE	RI	ĭ	02903	•				
Manager Name		• • • • •		Manager Name		• • • • • • • • • • • • • • • • • • • •		
NONE				NONE				
Street Address		-		· Sircet Address				
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Cin	510	ie .	7.1p	,City	State	Zip	_	
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8. RESIDENT AC	ENT IN RHO	DE ISLAN	D -DO NOT ALTER- Ch	anges require filing of Fo	orm 642 - R.I.G.L. 7-I	16-11	_	
Agent Nume				Address				
ADLER POLLO	OCK & SHEE!	HAN P.C	,	2300 FINANCIAL PLAZA				
Address				City	2/	,	-	

PROVIDENCE

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



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FOR SECRETAR	Y 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.

Signature of Authorized Person

Dare

02903

DAVID B. LEA, JR.
Print or Type Name of Authorized Person



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222 3040

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LIMITED LI	ABILITY	COMPANY AND	NUAL REPORT FO	OR THE Y	EAR 2002	_	
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3 State of Formation	1	· ·					
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5 Principal office addre	31		Cirr	Store	Zιρ		
500 SOUTH MAIL	N STREET		PROVIDENCE	RI	02903		
6. MAILING ADDE	ESS OF LIMIT	ED LIABILITY COMPA	NY AND NAME OR TITLE	OS CONTACT	PERSON.		
Contact Name			Contact Title	or contact	TERSON:		
DAVID B LEA, J	₹.		MANAGER				
Sirees Address	· · · · · · · · · · · · · · · · · · ·		Ciŋ·	State	Zıy		
500 SOUTH MAIN	STREET		PROVIDENCE	RI	02903-		
7. NAME AND ADI	RESS OF EAC	H MANAGER OF THE L	IMITED LIABILITY COM	PANY, IF APPL	ICABLE		
		IN SPACES BEFORE USING		OR ATTACHNEN			
· 	ANY MODIFICAT	ONS TO MANAGERS REQUI	RES FILING OF AMENDMENT, A	I.I.G.L 7-16-12 (a)	(2) / 7-16-52		
Manager Name			· Manager Name				
DAVID B. LEA,	JR.		NONE				
Sirret Address			· Street Address		<u> </u>		
500 SOUTH MAIN	STREET		•				
City	State	7.17	°Cin	State	Zip		
PROVIDENCE	RI	02903	•				
Manager Name			Manager Name	·· · · · · · · · ·		• • • •	
NONE			NONE				
Street Address	_		·Sireei Address				
Cin	Stole				 		
Çin	J. More	Zip	.Ciņ	State	Zip		
8. RESIDENT AGEN	T IN RHODE IS	LAND DO NOT ALTER: Ch	anges require filling of Fe	642 TRIC	1 716 11		
Agent Name		511.117.120 1131.7.121.11.101.1	Address	3111 042 · K.I.G	E tellett		
ADLER POLLOCI	C& SHEEHAN	P.C.	2300 FINANCIAL	Pt.AZA			
Address			City Zp				
			PROVIDENCE		02903		
			1		44743		

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

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Check No_	14157010	_
	Honor	_

FOR SECRETARY OF STATE USE ONLY

DAVID B. LEA, JR.

Signature of Authorized Person

this report, including any accompanying schedules and statements, and that affistatements contained herein are true and correct

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

Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

CALLO.	•
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D Number	DLLC	10	41	17	
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טו	D Number DEEC 104117	Annual Report for the year 2001
1.	. The name of the limited liability company is:	
	Brokers' Service Marketing Group II LLC	
2.	The address of the principal office of the limite	d liability company is:
	500 South Main Street, Providence	, RI 02903
3.	. The state or other jurisdiction under the laws o	f which it is formed is RHODE ISLAND
4.	. The name and address of its resident agent is:	ADLER POLLOCK & SHEEHAN P.C.
	2300 FINANCIAL PLAZA PROVIDENCE RI 0	2903
5.	. The current mailing address of the limited liabi	lity company and the name or title of a person to whom communications
	may be directed are:500_South_!	Main Street, Providence, RI 02903
	Attn: Dav	id B. Lea, Jr.
6.	. A brief statement of the character of the bus	siness in which the limited liability company is actually engaged in this
	state: to sell and broker insurance	e and financial products of all types.
7.	. If the limited liability company has managers, to Name	the name and address of each manager of the limited liability company Address
	David B. Lea, Jr.	500 South Main Street, Providence, RI 02903
Dat	, ,	Inder penalty of perjury, I declare and affirm that I have examined this eport, including any accompanying schedules and statements, and hat all statements contained herein are true and correct.
		Brokers' Service Marketing Group II LLC Exact Name of Limited Liability Gompany
File	FOR SECRET FILED USE ONLY le Date:	
Che	neck No.: SEP 1 0 2001	Manager
Ву:	5. Cut 11125978	The Form No. 632 Revised 01/99

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Filing Fee: \$50.00

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 104117

Annual Report for the year 2000

	<u> </u>	Militari Hebair Ioi nie Aest VOVA
1.	The name of the fimited liability com	ipany is:
	Brokers' Service Marketing Group II	LLC
2.	The address of the principal office of	if the ilmited liability company is:
	500 South Main Street, Pro	ovidence, RI 02906
3.	The state or other jurisdiction under	the laws of which it is formed is RHODE ISLAND
4.	The name and address of its resider	ntagentis: ADLER POLLOCK SHEEHAN PC
	2300 BANKBOSTON PLAZA PROV	VIDENCE RI 02903
5.	The current mailing address of the li	imited liability company and the name or title of a person to whom communications
	may be directed are: 500_S	outh Main Street, Providence, RI 02906
		David B. Lea, Jr.
6.	A brief statement of the character	of the business in which the limited liability company is actually engaged in this
		inancial products of all types.
7.		nanagers, the name and address of each manager of the limited liability company
	ilame	Address
	David B. Lea, Jr.	500 South Main Street, Providence, RI 02906
Da	md 10/11/60	Under penalty of perjury, I declare and affirm that I have examined this
	Tr 118/1 08/14 81881 11801 11811 188	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
		Brokers' Service Marketing Group II LLC
	1 0 4 1 1 7	Exact Name of Limited Liability Company
	FOR CHARDTARY OF STATE LIFE OME V	The state of the s
	FOR SECRETARY OF STATE USE ONLY Date:	By Lalle & Gear
Che	ck No.: 617 1 3 2003	Manager Tide
By:	1/20/6	Form No. 632 Revised 01/99