



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 02903-1315
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. 104117		2. Exact name of the limited liability company Brokers' Service Marketing Group II LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO SELL AND BROKER FINANCIAL PRODUCTS OF ALL TYPES	
5. Principal office address 500 SOUTH MAIN STREET		City PROVIDENCE	State RI
			Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DAVID B LEA		Contact Title MANAGER	
Street Address 500 SOUTH MAIN STREET		City PROVIDENCE	State RI
			Zip 02903-
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 DAVID B LEA, JR		Manager Name NONE	
Street Address 500 SOUTH MAIN STREET		Street Address	
City PROVIDENCE	State RI	City	State
	Zip 02903		Zip
Manager Name NONE		Manager Name NONE	
Street Address		Street Address	
City	State	City	State
	Zip		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 ADLER POLLOCK & SHEEHAN P.C.		Address ONE CITIZENS PLAZA, 8TH FLOOR	
Address		City PROVIDENCE	Zip 02903

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



1 0 4 1 1 7

104117 DLLC 09/06/05 03:28:30 PM	
File Date	9/24/05
Check No	27592
By	Cfr
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.

Signature of Authorized Person

DAVID B. LEA, JR.

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
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

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 BLACK)

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Contact Name DAVID B LEA, JR.		Contact Title MANAGER			
Street Address 500 SOUTH MAIN STREET		City PROVIDENCE	State RI	Zip 02903 -	
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 DAVID B. LEA, JR.		Manager Name NONE			
Street Address 500 SOUTH MAIN STREET		Street Address			
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
Manager Name NONE		Manager Name NONE			
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 ADLER POLLOCK & SHEEHAN P.C.		Address 2300 FINANCIAL PLAZA			
Address		City PROVIDENCE		Zip 02903	

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



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104117 DLLC 09/07/04 12:42:14 PM	
File Date	9.29.04
Check No.	20864
By	DL
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.

Signature of Authorized Person: *David B. Lea, Jr.* Date: 9/23/04
DAVID B. LEA, JR.
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
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 104117		2. Exact name of the limited liability company Brokers' Service Marketing Group II LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO SELL AND BROKER FINANCIAL PRODUCTS OF ALL TYPES			
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DAVID B LEA, JR.		Contact Title MANAGER			
Street Address 500 SOUTH MAIN STREET		City PROVIDENCE	State RI	Zip 02903-	
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 DAVID B. LEA, JR.		Manager Name NONE			
Street Address 500 SOUTH MAIN STREET		Street Address .			
City PROVIDENCE	State RI	Zip 02903	City .	State .	Zip .
Manager Name NONE		Manager Name NONE			
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 ADLER POLLOCK & SHEEHAN P.C.		Address 2300 FINANCIAL PLAZA			
Address .		City PROVIDENCE		Zip 02903	

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



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104117 DLLC 09/11/03 08:33:52 AM	
File Date	10/7/03
Check No.	18530 C8264
By	llm
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.

Signature of Authorized Person
Date 7.30.03
DAVID B. LEA, JR.
Print or Type Name of Authorized Person



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No *104117*		2. Exact name of the limited liability company Brokers' Service Marketing Group II LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO SELL AND BROKER FINANCIAL PRODUCTS OF ALL TYPES	
5. Principal office address 500 SOUTH MAIN STREET		City PROVIDENCE	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DAVID B LEA, JR.		Contact Title MANAGER	
Street Address 500 SOUTH MAIN STREET		City PROVIDENCE	State RI
		Zip 02903 -	
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 DAVID B. LEA, JR.		Manager Name NONE	
Street Address 500 SOUTH MAIN STREET		Street Address NONE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02903		Zip 02903	
Manager Name NONE		Manager Name NONE	
Street Address NONE		Street Address NONE	
City NONE	State NONE	City NONE	State NONE
Zip NONE		Zip NONE	
8. RESIDENT AGENT IN RHODE ISLAND: DO NOT ALTER: Changes require filing of Form 642: R.I.G.L. 7-16-11			
Agent Name ADLER POLLOCK & SHEEHAN P.C.		Address 2300 FINANCIAL PLAZA	
Address NONE		City PROVIDENCE	Zip 02903

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



* 1 0 4 1 1 7 *

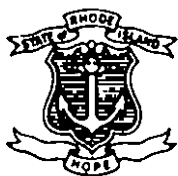
104117 DLLC9/24/0210:48:50 AM	
File Date	10-8-02
Check No	14157616
By	HMF
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Authorized Person: David B. Lea, Jr. Date: 10-7-02
Print or Type Name of Authorized Person: DAVID B. LEA, JR.

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 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 limited liability company is:

500 South Main Street, Providence, RI 02903

3. The state or other jurisdiction under the laws of 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 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 500 South Main Street, Providence, RI 02903

Attn: 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 state: to sell and broker insurance and financial products of all types.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
------	---------

David B. Lea, Jr.

500 South Main Street, Providence, RI 02903

Dated 8/31/01



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.

Brokers' Service Marketing Group II LLC
Exact Name of Limited Liability Company

By

David Lea
Manager

The

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY	
File Date:	FILED
Check No.:	SEP 10 2001
By:	By #11135912

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

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 DLIC 104117

Annual Report for the year 2000

1. The name of the limited liability company is:

Brokers' Service Marketing Group II LLC

2. The address of the principal office of the limited liability company is:

500 South Main Street, Providence, 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 resident agent is: ADLER POLLOCK SHEEHAN PC

2300 BANKBOSTON PLAZA PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 500 South Main Street, Providence, RI 02906

Attn: 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 state: to sell and broker financial products of all types.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

David B. Lea, Jr.

500 South Main Street, Providence, RI 02906

Dated 10/11/00



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.

Brokers' Service Marketing Group II LLC

Exact Name of Limited Liability Company

By: David B. Lea, Jr.

Manager

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

Check No.: 07132000

By: David B. Lea, Jr.

Form No. 632
Revised 01/99