



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. 112975		2. Exact name of the limited liability company Tellart, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INTERNET WEB SITE DEVELOPMENT			
5. Principal office address 27 SIMS AVENUE			City PROVIDENCE	State RI	Zip 02909
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name NICHOLAS M. SCAPPATICCI			Contact Title MEMBER		
Street Address 27 SIMS AVENUE			City PROVIDENCE	State RI	Zip 02909
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 JAMES H. HAHN, ESQ.			Address 180 SOUTH MAIN STREET		
Address			City PROVIDENCE	Zip 02903-	

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



1 1 2 9 7 5

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.

Nicholas M. Scappaticci 9.15.05
Signature of Authorized Person Date

NICHOLAS M. SCAPPATICCI
Print or Type Name of Authorized Person

112975 DLLC 08/30/05 03:26:30 PM
File Date 9/19/05
Check No. 130038
By: [Signature]
FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND
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Office of the 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

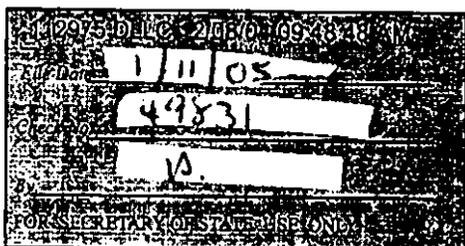
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 112975		2. Exact name of the limited liability company Tellart, LLC		
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INTERNET WEB SITE DEVELOPMENT		
5. Principal office address 27 Sims Avenue		City PROVIDENCE	State RI	Zip 02909
Contact Name NICHOLAS M SCAPPATICCI		Contact Title Member		
Street Address 27 Sims Avenue		City PROVIDENCE	State RI	Zip 02909
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
Agent Name JAMES H. HAHN, ESQ.		Address 180 SOUTH MAIN STREET		
Address Partridge Snow & Hahn, LLP		City PROVIDENCE	Zip 02903-	

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



1 1 2 9 7 5



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.

Nicholas M. Scappaticci 1/7/05
Signature of Authorized Person Date

Nicholas M. Scappaticci Member
Print or Type Name of Authorized Person



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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. 112975		2. Exact name of the limited liability company Tellart, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INTERNET WEB SITE DEVELOPMENT	
5. Principal office address 5 STEEPLE STREET		City PROVIDENCE	State RI
		Zip 02903-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Nicholas M. Scappaticci		Contact Title Member	
Street Address 5 STEEPLE ST.		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		*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 JAMES H. HAHN, ESQ.		Address 180 SOUTH MAIN STREET	
Address		City PROVIDENCE	Zip 02903-

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



1 1 2 9 7 5

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.

112975 DLLC 10/24/03 3:00 PM

FILED

File Date NOV 13 2003

Check No. 118/60

By: Nicholas M. Scappaticci

FOR SECRETARY OF STATE USE ONLY

Nicholas M. Scappaticci 10.24.03
Signature of Authorized Person Date

Nicholas M. Scappaticci
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. *112975*		2. Exact name of the limited liability company Tellart, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INTERNET WEB SITE DEVELOPMENT	
5. Principal office address 5 STEEPLE STREET		City PROVIDENCE	State RI
			Zip 02903-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name PETER EIERMANN		Contact Title MEMBER	
Street Address 5 STEEPLE ST.		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		• 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 JAMES H. HAHN, ESQ.		Address 180 SOUTH MAIN STREET	
Address		City PROVIDENCE	Zip 02903-

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



* 1 1 2 9 7 5 *

112975 DLLC10/02:5:50PM
FILED
File Date <u>OCT 15 2002</u>
Check No. <u>111266</u>
By: <u>Peter Eiermann</u>
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.

Peter Eiermann 10/10/02
Signature of Authorized Person Date

PETER EIERMANN, MEMBER
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

ID Number DLIC 112975

Annual Report for the year 2001

1. The name of the limited liability company is:

Tellart, LLC

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

5 Steeple Street, Providence, Rhode Island 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: JAMES H. HAHN, ESQ.

180 SOUTH MAIN STREET 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: Peter Eiermann, 5 Steeple Street, Providence, Rhode Island

02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Internet Web Site development

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

Name

Address

None

Dated _____

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.



Tellart, LLC

Exact Name of Limited Liability Company

By *Peter Eiermann*

Peter Eiermann, Member

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10-17-01

Check No.: 105235

By: *Peter Eiermann*

Form No. 632
Revised 01/99

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