



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 122275		2. Exact name of the limited liability company Kirsch Triangle Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MANAGEMENT CONSULTING	
5. Principal office address 106 Freeman Parkway		City Providence	State RI
		Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Kenneth C. Kirsch		Contact Title President	
Street Address 106 Freeman Parkway		City Providence	State RI
		Zip 02906	
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
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name KENNETH C. KIRSCH		Address	
Address 106 FREEMAN PARKWAY		City PROVIDENCE	Zip 02906

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



File Date	11-7-05	*122275*
Check No.	115	
By:	AMF	
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.

Kenneth C. Kirsch 9/17/05
Signature of Authorized Person Date
Kenneth C. Kirsch
Print or Type Name of Authorized Person



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

1. ID No. 122275		2. Exact name of the limited liability company Kirsch Triangle Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Management Consulting			
5. Principal office address 106 Freeman Parkway		City Providence		State RI	Zip 02906
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Kenneth C. Kirsch			Contact Title President		
Street Address 106 Freeman Parkway		City Providence		State RI	Zip 02906
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 Kenneth C. Kirsch			Address		
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 KENNETH C. KIRSCH			Address		
Address 106 FREEMAN PARKWAY			City PROVIDENCE	Zip 02906	

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



* 1 2 2 2 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.

File Date	10/12/04
Check No	5839
By:	DA
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person: Kenneth C. Kirsch Date: 9/13/04
Print or Type Name of Authorized Person: Kenneth C. Kirsch



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
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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. 122275		2. Exact name of the limited liability company Kirsch Triangle Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Management consulting	
5. Principal office address 106 Freeman Parkway		City Providence	State RI
		Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Kenneth C. Kirsch		Contact Title President	
Street Address 106 Freeman Parkway		City Providence	State RI
		Zip 02906	
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
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name KENNETH C. KIRSCH		Address	
Address 106 FREEMAN PARKWAY		City PROVIDENCE	Zip 02906-

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



File Date	9-11-03
Check No	101
By	[Signature]
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.

Kenneth C. Kirsch **9/2/03**
Signature of Authorized Person Date
Kenneth C. Kirsch
Print or Type Name of Authorized Person