

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, Rl 02903-1335

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _____

Filing Period: September 1 - November 1 - Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) L. ID No 2 Exact name of the limited liability company 122275 Kirsch Triangle Associates, LLC 3 State of Formation 4. Brief description of the character of the husiness which is actually conducted in Rhode Island **MANAGEMENT CONSULTING RHODE ISLAND** 5. Principal office address Providence 106 Freeman Parkway 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Freeman Parkway 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) 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 Z.ip City State ΖIp Manager Name Manager Name Street Address Street Address City State Z(p City State *2.*(p) 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address KENNETH C. KIRSCH Address 106 FREEMAN PARKWAY **PROVIDENCE** 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	, <u>//5</u>	
Ву:	Am F	
	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affi including any accompanying schedules and contained herein are true and correct.	•
Signature of Authorized Person	9/19/03-
Signature of Authorized Person	Date
Kennelle C. Kusek	
Print or Type Name of Authorized Person	<u></u>



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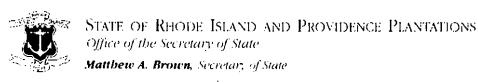
(FORM MUST BE TV	PED OR PRINTED IN BLACK)	•			
T ID No.	2 Exact name of the limited	Inability company			
<u> 122275</u>	Kirsch Triangle Asso	ciates, LLC			
3 State of Formation RHODE ISLAN	<u>р</u> Виеў дектрион В Малад	ement Consut	isiness which is actually conducted in Rhod 1119	· Island	
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	nnelli C. Kirsth		Contact Piles, dent		
100	o Freeman Parkway		Providence	state RI	100906
	FILL IN SPA	CES BEFORE USING	D LIABILITY COMPANY, IF APPL GATTACHMENTS ("X" BOX FO RES FILING OF AMENDMENT, R.	ICABLE	7-16-52
Street Address	104 (10 o 11) mediter		Street Address		 -
City	State	Zip	CH	State	Zip
Manager Name			Manager Name		······J·····
Street Address		<u> </u>	Street Address		
Cuv	State	Zip	Cit _l	State	Zīp
Agent Name		DO NOT ALTER - C	hanges require filing of Form 6 Address	42 - R.I.G.L. 7-16-11	·
KENNETH C. KIR Address	<u></u>		City	Zip	·
106 FREEMAN PARKWAY			PROVIDENCE	02	906

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

*	_	2	_	_	_	_	

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

Inder penalty of perjury, I declare and aff neluding any accompanying schedules an ontained herein are true and correct.	
Kenneda Chudi	9/13/04
Rennette C. Kirsch	Date
ruit or Type Name of Authoriced Person	-



Corporations Da ision 160 North Main Street Providence, Rt 02903-1335

401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2003

-	tember 1 - November 1 PED OR PRINTED IN BLACK)	• Filing Fee: \$50.0	00		
/ /// No 122275	2 Exact name of the limited Kirsch Triangle				
3 Mate of Enmation RHODE ISLAND		n of the character of the bast	iness which is actually conducted in Rhix	le Island	
5 Principal office add	emen Packway	J	Providence Name or title of contact	State AI	D2406
	-	ATT COMPANY AND	Comage Title President	PERSON	
Street Address 10 6	neth C. Kirseh Freemen Partway		Providence	Siate	²¹ 03906
	FILL IN SPA	ACES BEFORE USING	LIABILITY COMPANY, IF APP ATTACHMENTS ("X" BOX FO LES FILING OF AMENDMENT, R Manager Name	OR ATTACHMENT) 🗌	
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Manager Name		. 	Manager Name		J
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- Gu ₁	ENT IN RHODE ISLAND		Cuy nanges require filing of Form Address		

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

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File Daie	9-11-03	
Check No _	101	
μ	a.	

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.