



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 110176		2. Exact name of the limited liability company ICMA-RC Services, LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island Provides Distribution Services and Licenses Required to Administer Trust and Related Mutual Fund Investments on Behalf of State and Local Government Retirement Plans	
5. Principal office address 777 N, Capitol ST, NE #600		City WASHINGTON	State DC
		Zip 20002-4240	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name George Suzich		Contact Title Director, Tax & Compliance	
Street Address 777 N, Capitol ST, NE #600		City WASHINGTON	State DC
		Zip 20002-4240	
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 None		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	State	Zip	City
Manager Name	Manager Name	Manager Name	Manager Name
Street Address		Street Address	
City	State	Zip	City
State	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 Corporation Services Company		Address	
Address 222 Jefferson Boulevard, Suite 200		City Warwick	Zip 02888

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



1 1 0 1 7 6

File Date	9/30/05
Check No.	3654
By:	cm
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
9/27/05
Gerard Maus, Treasurer
Print or Type Name of Authorized Person

ICMA-RC SERVICES, LLC 2005

Business Activities Statement

Provides distribution services and licenses required to administer trust (and related mutual fund) investments on behalf of state and local government retirement plans and their participants.

OFFICERS (Managers)

TITLE

ADDRESS

Joan McCallen

President

ICMA Retirement Corporation
777 North Capitol Street, NE, Suite 600
Washington, DC 20002-4240

Paul Gallagher

Secretary

ICMA Retirement Corporation
777 North Capitol Street, NE, Suite 600
Washington, DC 20002-4240

Gerard Maus

Treasurer

ICMA Retirement Corporation
777 North Capitol Street, NE, Suite 600
Washington, DC 20002-4240

OWNER INFORMATION

ICMA Retirement Corporation
(EIN: 23-7268394)

Sole Member
(100% owner)

777 North Capitol Street, NE, Suite 600
Washington, DC 20002-4240



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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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 110176		2. Exact name of the limited liability company ICMA-RC Services, LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island PROVIDES DISTRIBUTION SERVICES AND LICENSES REQUIRED TO ADMINISTER TRUST AND RELATED MUTUAL FUND INVESTMENTS ON BEHALF OF STATE AND LOCAL GOVERNMENT RETIREMENT PLANS AND	
5. Principal office address 777 NORTH CAPITOL STREET NE., SUITE 600		City WASHINGTON	State DC
		Zip 20002-4240	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name GEORGE SUZICH		Contact Title	
Street Address 777 NORTH CAPITOL STREET, NE., SUITE 600		City WASHINGTON	State DC
		Zip 20002-4240	
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
State		State	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CORPORATION SERVICE COMPANY		Address 222 JEFFERSON BOULEVARD, SUITE 200	
Address		City WARWICK	Zip 02888-

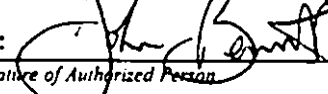
This report must be signed in ink by an authorized person pursuant to 7-16-66.



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110176 FLLC 09/23/04 09:15:28 AM	
File Date	10/4/04
Check No.	3592
By:	DA
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.
ICMA Retirement Corp. Sole Member

By:  9.23.04
Signature of Authorized Person Date
John Bennett, Treasurer
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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 110176		2. Exact name of the limited liability company ICMA-RC SERVICES, LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island PROVIDES DISTRIBUTION SERVICES AND LICENSES REQUIRED TO ADMINISTER TRUST AND RELATED MUTUAL FUND INVESTMENTS ON BEHALF OF STATE AND LOCAL GOVERNMENT RETIREMENT PLANS AND THEIR PARTICIPANTS.	
5. Principal office address 777 N. CAPITOL ST. NE #600		City WASHINGTON	State DC
		Zip 20002	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name George Suzich		Contact Title Director, Tax & Compliance	
Street Address Same as above		City	State
		Zip	
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 None		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
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 Corporation Service Company		Address	
Address 170 Westminster Street, Suite 900		City Providence	Zip 02903

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

File Date	12/8/03
Check No	137080
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

ICMA Retirement Corporation, Sole Member

By: **[Signature]** **12-2-2003**
Signature of Authorized Person Date

John Bennett, Treasurer
Print or Type Name of Authorized Person

Form 632 Rev 6:02



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. 110176		2. Exact name of the limited liability company ICMA-RC Services, LLC	
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Provides distribution services and licenses required to administer trust related mutual fund investments on behalf of state and local gov't retirement plans.	
5. Principal office address 777 North Capitol Street, NE		City Washington	State DC
		Zip 20002-4240	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Andrine Coleman		Contact Title Senior Financial Reporting Accountant	
Street Address Same as above		City	State
		Zip	
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 checked="" 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	City	State
	Zip		Zip
Manager Name		Manager Name	
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 Corporation Service Company		Address	
Address 170 Westminster Street, Suite 900		City Providence	Zip 02903

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



1 1 0 1 7 6

File Date	1-6-03
Check No.	3490
By	Dr
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.

David Tanguay 10/22/02
Signature of Authorized Person Date
DAVID TANGUAY
Print or Type Name of Authorized Person

ICMA-RC SERVICES, LLC *
OFFICERS (MANAGERS)

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
<u>OFFICERS (MANAGERS)</u>		
Girard Miller	President	ICMA Retirement Corporation 777 North Capitol Street, NE, Suite 600 Washington, DC 20002-4240
Paul Gallagher	Secretary	ICMA Retirement Corporation 777 North Capitol Street, NE, Suite 600 Washington, DC 20002-4240
Paul Breault	Treasurer	ICMA Retirement Corporation 777 North Capitol Street, NE, Suite 600 Washington, DC 20002-4240
Elizabeth S. Glista	Assistant Treasurer	ICMA Retirement Corporation 777 North Capitol Street, NE, Suite 600 Washington, DC 20002-4240
David Tanguay	Assistant Treasurer	ICMA Retirement Corporation 777 North Capitol Street, NE, Suite 600 Washington, DC 20002-4240
John Bennett	Assistant Treasurer	ICMA Retirement Corporation 777 North Capitol Street, NE, Suite 600 Washington, DC 20002-4240

* ICMA Retirement Corporation is the sole member of this limited liability company.

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 FLLC 110176

Annual Report for the year 2001

1. The name of the limited liability company is:

ICMA-RC Services, LLC

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

777 North Capitol Street NE Suite 600; Washington, DC 20002-4240

3. The state or other jurisdiction under the laws of which it is formed is DELAWARE

4. The name and address of its resident agent is: CORPORATION SERVICE COMPANY

170 WESTMINSTER STREET, SUITE 900 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: 777 North Capitol Street NE Suite 600-FIN

Washington, DC 20002-4240; ATTN: Pui-Ling Law

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Provides distribution services and licenses required to administer trust (and related mutual fund) investments on behalf of state and local government retirement plans and their participants.

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

Name

Address

NONE - N/A

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.

ICMA-RC Services, LLC

Exact Name of Limited Liability Company

ICMA Retirement Corporation, Sole Member

By David Tanguay

David Tanguay, Assistant Treasurer

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

10-1-01

Check No.:

3429

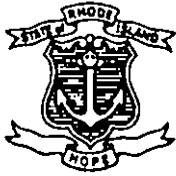
By:

[Signature]

Form No. 632
Revised 01/99

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 FLLC 110176

Annual Report for the year 2000

1. The name of the limited liability company is:

ICMA-RC Services, LLC

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

777 North Capitol Street NE Suite 600; Washington, DC 20002-4240

3. The state or other jurisdiction under the laws of which it is formed is DELAWARE

4. The name and address of its resident agent is: CORPORATION SERVICE COMPANY

170 WESTMINSTER STREET, SUITE 900 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: 777 North Capitol Street NE Suite 600

Washington DC 20002-4240; ATTN: Tax Officer

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Provides distribution services and licenses required to administer trust (and related mutual fund) investments on behalf of state and local government retirement plans and their participants.

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

NONE - N/A

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.

ICMA-RC Services, LLC

Exact Name of Limited Liability Company

ICMA Retirement Corporation, Sole Member

By Elizabeth S. Glista

Elizabeth S. Glista, Assistant Treasurer

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10-26-00

Check No.: 3350

By: AMF