



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. 89478		2. Exact name of the limited liability company GERALDINE B. CUNNINGHAM, LLC <i>Associates</i>	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATING A TAX PREPARATION AND BUSINESS CONSULTING BUSINESS	
5. Principal office address 85 BEACH ST., BLDG. C		City WESTERLY	State RI
		Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DAVID J. CUNNINGHAM		Contact Title PARTNER	
Street Address 85 BEACH ST., BLDG. C		City WESTERLY	State RI
		Zip 02891	
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	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	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 GERALDINE B. CUNNINGHAM		Address	
Address 85 BEACH ST., BLDG. C		City WESTERLY	Zip 02891

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

File Date	10/26/05
Check No.	0974
By:	<i>[Signature]</i>
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 J. Cunningham **10-25-05**
Signature of Authorized Person Date
DAVID J. CUNNINGHAM - PARTNER
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)

1. ID No. 89478		2. Exact name of the limited liability company Geraldine B. Cunningham Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATING A TAX PREPARATION AND BUSINESS CONSULTING BUSINESS.			
5. Principal office address 85 BEACH ST., BLDG. C		City WESTERLY	State R.I.	Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DAVID J. CUNNINGHAM			Contact Title PARTNER		
Street Address 85 BEACH ST., BLDG. C		City WESTERLY	State RI	Zip 02891	
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 GERALDINE B. CUNNINGHAM			Address		
Address 85 BEACH STREET, BUILDING C			City WESTERLY	Zip 02891	

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



* 8 9 4 7 8 *

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 9/9/04
Check No. 6221
By: DA
FOR SECRETARY OF STATE USE ONLY

David J. Cunningham 9-7-04
Signature of Authorized Person Date
DAVID J. CUNNINGHAM
Print or Type Name of Authorized Person



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. 89478		2. Exact name of the limited liability company Geraldine B. Cunningham Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATING A TAX PREPARATION AND BUSINESS CONSULTING BUSINESS.			
5. Principal office address 85 BEACH ST. BLDG. C		City WESTERLY	State RI	Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DAVID J. CUNNINGHAM			Contact Title PARTNER		
Street Address 85 BEACH ST. BLDG. C		City WESTERLY	State RI	Zip 0289	
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 GERALDINE B. CUNNINGHAM			Address		
Address 85 BEACH STREET, BUILDING C			City WESTERLY	Zip 02891	

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



* 8 9 4 7 8 *

File Date	<u>9-15-03</u>
Check No.	<u>5591</u>
By:	<u>[Signature]</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.

[Signature]
Signature of Authorized Person

GERALDINE B. CUNNINGHAM

Print or Type Name of Authorized Person



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. 89478		2. Exact name of the limited liability company Geraldine B. Cunningham Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATING A TAX PREPARATION AND BUSINESS CONSULTING BUSINESS.	
5. Principal office address 85 Beach St., Bldg. C		City Westerly	State RI
		Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name David J. Cunningham		Contact Title Partner	
Street Address 85 Beach St., Bldg. C		City Westerly	State RI
		Zip 02891	
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	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	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 GERALDINE B. CUNNINGHAM		Address	
Address 85 BEACH STREET, BUILDING C		City WESTERLY	Zip 02891

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



* 8 9 4 7 8 *

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 8-29-02
Check No. 4945
By: DC
FOR SECRETARY OF STATE USE ONLY

David J. Cunningham 8-28-02
Signature of Authorized Person Date
David J. Cunningham - Partner
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 DLLC 89478

Annual Report for the year 2001

1. The name of the limited liability company is:

Geraldine B. Cunningham Associates, LLC

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

85 Beach Street, Bldg. C, Westerly, RI 02891

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: GERALDINE B. CUNNINGHAM

85 BEACH STREET, BUILDING C WESTERLY RI 02891

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: PO Box 1968, Westerly, RI 02891

David J. Cunningham, Partner

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Operate a tax preparation and business consulting business.

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

Name

Address

Dated August 23, 2001



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.

Geraldine B. Cunningham Associates, LLC
Exact Name of Limited Liability Company

By David J. Cunningham
Partner
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>8-27-01</u>
Check No.:	<u>4307</u>
By:	<u>[Signature]</u>

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 89478

Annual Report for the year 2000

1. The name of the limited liability company is:

Geraldine B. Cunningham Associates, LLC

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

85 Beach Street, Bldg. C, Westerly, RI 02891

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: GERALDINE B. CUNNINGHAM

85 BEACH STREET, BUILDING C WESTERLY RI 02891

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: PO Box 1968, Westerly, RI 02891

David J. Cunningham, Partner

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Operate a tax preparation and business consulting business.

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

Name

Address

Dated August 31, 2000

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.



Geraldine B. Cunningham Associates, LLC
Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

File Date: 9-1-00

Check No.: 3629

By: AMF

By: David J. Cunningham

Partner

Title

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 LL 89478

Annual Report for the year 1999

- The name of the limited liability company is:
Geraldine B. Cunningham Associates, LLC
- The address of the principal office of the limited liability company is:
85 Beach Street, Bldg. C., Westerly, RI 02891
- The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
- The name and address of its resident agent is: GERALDINE B. CUNNINGHAM
85 BEACH STREET, BUILDING C WESTERLY, RI 02891
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: PO Box 1968, Westerly, RI 02891
David J. Cunningham, Partner
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Operate a tax preparation and business consulting business.
- If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
_____	_____
_____	_____
_____	_____

Dated August 27, 1999

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.



Geraldine B. Cunningham Associates, LLC
Exact Name of Limited Liability Company

By David J. Cunningham
Partner
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>8-30-99</u>
Check No.:	<u>2922</u>
By:	<u>AME</u>

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 LL 89478

Annual Report for the year 1998

1. The name of the limited liability company is:

Geraldine B. Cunningham Associates, LLC

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

85 Beach Street, Bldg. C., Westerly, RI 02891

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: GERALDINE B. CUNNINGHAM

85 BEACH STREET, BUILDING C WESTERLY, RI 02891

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: PO Box 1968, Westerly, RI 02891

David J. Cunningham, Partner

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Operate a tax preparation and business consulting business.

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

Name

Address

Dated August 27, 19 98

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.



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Geraldine B. Cunningham Associates, LLC
Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

File Date: 9-10-98

Check No.: 2299

By: WCP

By: David J. Cunningham
Partner
Title

Form No. LLC-19
Revised 8/97

DETACH BOTTOM BEFORE RETURNING