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 T		RINTED IN BLACK)				
1. ID No. 129581		t name of the limited		^		
		•	ment Advisors, LL			
3. State of Formation	n	1	•	usiness which is actually conducte	d in Rhode Island	•
DELAWARE		INVESTMENT A	DVISING			
5. Principal office a		1		City	State	Zip
220 WEST EX	CHANGE :	STREET, SUIT	E 300	PROVIDENCE	RI	02903-
6 MAILING A	DDRESS (DELIMITED LIA	BILITY COMPAN	YAND NAME ORTUTLE	PORGONFACTER	ERSON CONTRACTOR
Contact Nume				Contact Title		
DAVID F BRO	CHU			•		
Street Address				City	State	Zip
		STREET, SUITE		. PROVIDENCE	RI	02903-
7. NAME AND	ADDRESS	OF EACH MAN	AGER OF THE L	MITED UABILITY CON ATTACHMENTS T. ("X" BOX	IPANYSIF APPLIC	CABLE SO STANDARD
**		FILL IN SPACE	SBEFORE USING	ATTACHMENTS W. ("X" BOX	FOR ATTACHMENT).	
THE PARTY	ANYM	ODIFICATIONS TO	MANAGERS REQUI	RESIFILING OF AMENDMENT	R.I.G.L+7-16-12 (a) (2) (#7516-52)
Manager Name				•Manager Name		
David F. Br	ochu			•		
Street Address			· ·	•Street Address		
220 West Ex	change S	Street, Suite	≥ 300	•		
City		State	Zip	*City	State	Zip
Providence		RI	02903			
Manager Name	• • • • •			*Manager Name		
Street Address		••	•	•Street Address		
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Agent Name	_	_		Address		
SANDRA MAT	RONE MA	ACK, SEC.		1500 FLEET CE	NTER	
Address				City		Zip
HINCKLEY, A	LLEN &	SNYDER LLP		PROVIDENCE		02903 - 🔄
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This report must be signed in ink by an authorized person pursuant to 7-16-66.



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Check No	175 82
By:	ß
FOR SECRETAR	Y 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

Sandra Matrone Mack, Secretary, HASLAW, LLC

Print or Type Name of Authorized Person



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

		I • Filing Fee: \$5	0.00			
	ED OR PRINTED IN BL.					
<i>I. ID No.</i> 129581	2. Exact name of the lit					
		vestment Advisors,				
3. State of Formation			e business which is actually conducted	in Rhode Island		
DELAWARE	Investmen	nt Advisisng				
5. Principal office addre	ess		City	State	Zip	_
220 WEST EXCH	ANGE STREET, S	UITE 300	PROVIDENCE	RI	02903	
6. MAILING ADDI	RESS OF LIMITED	I LABILITY COMP	ANY AND NAME OR TITLE	OF CONTACT PED	1	
Contact Name	KIJOS OT LIMITED	LIABILITY COMIT	*Contact Title	OF CONTACT FER	SON:	
DAVID F. BROCE	HU		•			
Sireei Address			City	State	Zip	_
220 WEST EXCHA	ANGE STREET, ST	JITE 300	PROVIDENCE	RI	02903	
7. NAME AND ADI	DRESS OF EACH N	IANACER OF THE	LIMITED LIABILITY COM	PANY IFAPPI ICA		•
		PACES BEFORE USING		OR ATTACHMENT) \Box		
			JIRES FILING OF AMENDMENT. F	- · · · · · · · · · · · · · · · · · · ·		
Manager Name			· Manager Name			
David F. Broch	hu		•			
Street Address			• Street Address			
	ange Street, Si	uito 200	•			
City	State	V	•	Ic.	I a-	_
Providence	RI	<i>Zip</i> 02903	•City	State	Zip	
Manager Name	J					
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8. RESIDENT AGEN	NT IN RHODÉ ISLAN	ID DO NOT ALTER C	hanges require filing of Fe	orm 642 - R I G L 7-		٠
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Address

1500 FLEET CENTER

PROVIDENCE

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



SANDRA MATRONE MACK, SEC.

HINCKLEY, ALLEN & SNYDER LLP

Address

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В <u>у:</u>	a
FOR SECRI	ETARY 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.

Xand hat 1

Sandra Matrone Mack, Sec., HASLAW, LLC

Zip

02903

Print or Type Name of Authorized Person