



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. 129581		2. Exact name of the limited liability company Strategic Point Investment Advisors, LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT ADVISING	
5. Principal office address 220 WEST EXCHANGE STREET, SUITE 300		City PROVIDENCE	State RI Zip 02903-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name DAVID F BROCHU		Contact Title	
Street Address 220 WEST EXCHANGE STREET, SUITE 300		City PROVIDENCE	State RI Zip 02903-
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 David F. Brochu		*Manager Name	
Street Address 220 West Exchange Street, Suite 300		*Street Address	
City Providence	State RI	Zip 02903	*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. 7-16-114			
Agent Name SANDRA MATRONE MACK, SEC.		Address 1500 FLEET CENTER	
Address HINCKLEY, ALLEN & SNYDER LLP		City PROVIDENCE	Zip 02903-5

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



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129581 FLLC 10/20/05 03:59:05 PM

File Date 2/24/06

Check No. 175 82

By: B

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.

Sandra Matrone Mack 10/24/05
Signature of Authorized Person Date

Sandra Matrone Mack, Secretary, HASLAW, LLC
Print or Type Name of Authorized Person



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City Providence	State RI	City	State
	Zip 02903		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 SANDRA MATRONE MACK, SEC.		Address 1500 FLEET CENTER	
Address HINCKLEY, ALLEN & SNYDER LLP		City PROVIDENCE	Zip 02903

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



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129581 FLLC 09/14/04 02:43:42 PM	
File Date	10-1-04
Check No.	163364
By:	
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 9/20/04

Sandra Matrone Mack, Sec., HASLAW, LLC
Print or Type Name of Authorized Person