

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Divisi 100 North Main Str Providence, RI 02903-13, 401.222.30

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

| Filing Period: Sef     |  | • Filing Fee: \$                  | 50.00                                   | · IIIE IEAK_                    |              |  |  |
|------------------------|--|-----------------------------------|---|---------------------------------|--------------|--|--|
|                        | I. ID No.   2. Exact name of the limited liability company |                                   |   |                                 |              |  |  |
| 112383                 |  | ERYL UPSHALL INSURANCE GROUP, LLC |   |                                 |              |  |  |
| 3. State of Formation  |  | URANCE GROUP,                     | FTC                                     | _                               |              |  |  |
| The state of the man   |  |                                   | husiness which is actually conducted in | Rhode Island                    |              |  |  |
| RHODE ISLAND           | INSURANCE-S  | ALES                              |   |                                 |              |  |  |
| 5 Principal office add |  |                                   | City                                    | State                           | Zip          |  |  |
| 28 HERITAGE COURT      |  |                                   | Changran                                | (C) -                           | ้ตั้งจางเ    |  |  |
| 0. MAILING ADD         | RESS OF LIMITED LIABILI                                    | ITY COMPANY AN                    | ID NAME OR TITLE OF CONTA               | CT PERSON:                      | 100 00 10001 |  |  |
| Contact Name           | - 11 .   |                                   | Contact Title                           |                                 |              |  |  |
| 7-HEBIT                | <u>A. Lipshai</u>  | <u> </u>                          | Mamber                                  |                                 |              |  |  |
| Street Address         | ` .  |                                   | Gi <sub>1</sub> .                       | State                           | Zip          |  |  |
| 58 HEB:                | ITAGE LT   |                                   | Cranston                                | $ \langle \lambda \rangle _{2}$ | 02921        |  |  |
| 7. NAME AND AD         | DRESS OF EACH MANAGE                                       | R OF THE LIMIT                    | ED LIABILITY COMPANY, IF A              | PRITCABLE _                     | ונזאַ ואַנוּ |  |  |
| ì                      | FILL IN SPAC   | LES BEFORE LISTN                  | IG ATTACHMENTS /"Y" DAY                 | SOD ATTACUARCHEL                | 1            |  |  |
| ·                      | NY MODIFICATIONS TO I                                      | MANAGERS REQU                     | IRES FILING OF AMENDMENT                | , R.I.G.L. 7-16-12 (a) (2       | 2) / 7-16-52 |  |  |
| Manager Name           |  |                                   | Manager Name                            |                                 |              |  |  |
|                        |  |                                   |   |                                 |              |  |  |
| Street Address         |  |                                   | Street Address                          |                                 |              |  |  |
|                        |  |                                   | Section Manager                         |                                 |              |  |  |
| Clty:                  | State  | Zip                               | City                                    | State                           | Zip          |  |  |
| ····                   |  |                                   |   | Sittle                          | [z.tp        |  |  |
| Manager Name           | ••••••••••••••   | ••••••                            | Manager Name                            |                                 |              |  |  |
|                        |  |                                   |   |                                 |              |  |  |
| Street Address         |  |                                   | Street Address                          | : Street Address                |              |  |  |
|                        |  |                                   |   |                                 |              |  |  |
| City                   | State  | Zφ                                | City                                    | State                           | Zip          |  |  |
|                        |  | - 1                               | ŕ                                       | l                               |              |  |  |
| 8. RESIDENT AGE        | NT IN RHODE ISLAND - D                                     | O NOT ALTER - C                   | :<br>Changes require filing of For      | n 642 - R.I.G.L. 7-16-11        | · ' ·· ·     |  |  |
| Agent Name             | •  |                                   | Address                                 |                                 |              |  |  |
| CHERYL A. UPSHAL       | .t   |                                   |   |                                 |              |  |  |
| Address                |  |                                   | City                                    |                                 |              |  |  |
| 28 HERITAGE COUR       | ? <b>T</b>   |                                   | ρομοτου                                 |                                 |              |  |  |
|                        | ` <u> </u>   |                                   | CRANSTON                                | 02                              | 921-         |  |  |
|                        |  |                                   |   |                                 | ·            |  |  |
|                        |  |                                   |   |                                 |              |  |  |
|                        |  |                                   |   |                                 |              |  |  |

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

|   | Under penalty of perjury, I declare and affirm that I have examined this re  |
|---|--|
| File Date 4/5/06 *112383*  Check No. 1593  By: By: Born Secretary of State Use Only | including any accompanying schedules and statements, and that all statem contained herein are true and correct.  Signature of Authorized Person  Date  CHERYL A. LPShaul |
| TOR SECRETARY OF STATE USE ONLY   | Print or Type Name of Authorized Person  |



Address

**28 HERITAGE COURT** 

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Divisic 100 North Main Stre Providence, RI 02903-135

| CONT.   | Dete A. Brown, Secret                        | ury of State                            |   |                               | 401.222.3            |  |  |
|---|--|---|---|-------------------------------|----------------------|--|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 • Filing Fee: \$50.00 FORM MISST BE TYPED OR PRINTED IN BIACK) |  |   |   |                               | 2004                 |  |  |
| 1. ID No.<br>112383   | 2. Exact name of the limit<br>CHERYL UPSHALL |   |   |                               |                      |  |  |
| 3. State of Formation RHODE ISLAND  | 4. Brief description                         | on of the character of the t<br>E-SALES | nusiness which is actually conducted in   | Rbode Island                  |                      |  |  |
| 5. Principal office address 28 HERITA 6. MAILING ADDRI  | GE COURT                                     | ILITY COMPANY AN                        | City CRADSTOD D NAME OR TITLE OF CONTA  | State                         | (3535)<br>Sub        |  |  |
| Contact Name CHERYL A   | . Upshau                                     |   | Gintaci Title MENDER  |                               |                      |  |  |
| 28 HERTTE   |  |   | CRAPSTON  | Siaic                         | <u>က</u><br>(၂၈၈၁)   |  |  |
|   | FILL IN SP                                   | ACES BEFORE USIN                        | ED LIABILITY COMPANY, IF A G ATTACHMENTS ("X" BOX IRES FILING OF AMENDMENT Manager Name | FOR ATTACHMENT)               | ?) / 7-16- <b>52</b> |  |  |
| Street Address  |  |   | Street Address  |                               |                      |  |  |
| City.   | State  | Zip                                     | Cuy   | State                         | Zip                  |  |  |
| Manager Name  |  |   | Manager Name  | Manager Name                  |                      |  |  |
| Street Address  |  |   | Street Address  |                               |                      |  |  |
| City  | State  | Zip                                     | City  | State                         | Zip                  |  |  |
| 8. RESIDENT AGEN <sup>.</sup><br>Agent Name<br>CHERYL A. UPSHALI  |  | DO NOT ALTER - C                        | hanges require filing of Form   | I<br>m 642 - R.I.G.L. 7-16-11 | ſ                    |  |  |

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

Cin

**CRANSTON** 



| File Date 12 9 04               |
|---------------------------------|
| Check No. 1416                  |
| Ву:                             |
| 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.

02921-

|                             | Doned | 12/7/04 |  |
|-----------------------------|-------|---------|--|
| Signature of Authorized Per | sba   | Date    |  |

| CHERYL            | Α.      | U     | اءم   | bAI   | L |
|-------------------|---------|-------|-------|-------|---|
| Print or Type Nau | ne of A | uhori | ced I | erson |   |



### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Confrontions Du ist 100 North Main Str Providence - RI 02903-14 401-222-36

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2003

| 112383   |                   | Exact name of the limited liability company CHERYL UPSHALL INSURANCE GROUP, LLC |   |  |                   |
|--|-------------------|---|---|--|-------------------|
| 3 State of Forwation   |                   |   | nismess which is actually conducted in Rha  | sde Kland                                  | <del></del>       |
| RHODE ISLAND INSURANCE-SALES   |                   |   |   |  |                   |
| 5. Principal office address  |                   | · · · · · · · · · · · · · · · · · · ·   | $Ca\gamma$  | State                                      | Zıp               |
| 28 HERITAG   | se Ст.            |   | CRANSTON  | Ri   | 05951             |
| . MAILING ADDRES Ontact Name   | S OF LIMITED LIAI | BILITY COMPANY AN   | D NAME OR TITLE OF CONTACT  | Γ PERSON:                                  | i detei           |
| <u> </u>   |                   |   | Gentaet Title   |  |                   |
| LHERYL UP  | sharr             | <del>_</del>  | MEMBER  | <del></del>                                |                   |
| 28 HERZTAG   | e Cr.             |   | :0  | State                                      | Ziji              |
| _  |                   | ACED OF THE LIMITS  | E LRANGTOR<br>ED LIABILITY COMPANY, IF APP  | ∣R≭  | 102921            |
| anayer Same  | FILL IN S         | PACES BEFORE USIN<br>TO MANAGERS REQUI  | G ATTACHMENTS ("X" BOX FO<br>IRES FILING OF AMENDMENT, R<br>Manager Name  | OR ATTACHMENTI T                           | ) / 7-16-52       |
| lanager Name<br>reet Address   | MODIFICATIONS 1   | PACES BEFORE USIN<br>TO MANAGERS REQUI  | G ATTACHMENTS ("X" BOX FO<br>IRES FILING OF AMENDMENT, R<br>:   | OR ATTACHMENTI T                           | ) / 7-16-52       |
| lanage) Name<br>treet Address  | FILL IN S         | PACES BEFORE USIN<br>TO MANAGERS REQUI  | G ATTACHMENTS ("X" BOX FO<br>IRES FILING OF AMENDMENT, R<br>Manager Name  | OR ATTACHMENTI T                           | ) / 7-16-52<br>Ζφ |
| Manager Name<br>Greet Address  | MODIFICATIONS 1   | O MANAGERS REQU   | G ATTACHMENTS ("X" BOX FO<br>IRES FILING OF AMENDMENT, R<br>Manager Name<br>Street Address                                      | OR ATTACHMENT) [] R.I.G.L. 7-16-12 (a) (2) |                   |
| lanager Name<br>treet Address<br>'ny<br>Janager Name   | MODIFICATIONS 1   | O MANAGERS REQU   | G ATTACHMENTS ("X" BOX FOIRES FILING OF AMENDMENT, R  Manager Name  Street Address  City  | OR ATTACHMENT) [] R.I.G.L. 7-16-12 (a) (2) |                   |
| ANY Manager Name Meet Address Manager Name Meet Address My   | MODIFICATIONS 1   | O MANAGERS REQU   | G ATTACHMENTS ("X" BOX FOIRES FILING OF AMENDMENT, R  Manager Name  Street Address  City  Manager Name                          | OR ATTACHMENT) [] R.I.G.L. 7-16-12 (a) (2) |                   |
| teget Address  Tay  Tanager Name  Treet Address  | State  State      | Zip   | G ATTACHMENTS ("X" BOX FOIRES FILING OF AMENDMENT, R  Manager Name  Street Address  City  Mirret Address  City                  | State                                      | Zφ                |
| treet Address treet Address treet Address try RESIDENT AGENT   | State  State      | Zip   | G ATTACHMENTS ("X" BOX FOIRES FILING OF AMENDMENT, B  Manager Name  Street Address  City  Manager Name  Mirret Address          | State                                      | Zφ                |
| Aurager Name  Aurager Name | State  State      | Zip   | G ATTACHMENTS ("X" BOX FOIRES FILING OF AMENDMENT, R  Manager Name  Street Address  City  City  hanges require filing of Form ( | State                                      | Zap               |
| Manager Name Street Address Manager Name Overt Address   | State  State      | Zip   | G ATTACHMENTS ("X" BOX FOIRES FILING OF AMENDMENT, R  Manager Name  Street Address  City  City  hanges require filing of Form ( | State                                      | Zap               |

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

| * 1 1 2 3 8                     | 3 * |
|---------------------------------|-----|
| RECEIVED                        |     |
| FEB 1 9 2004                    |     |
| Check No BY — — Y W             | li. |
| FOR SECRETARY OF STATE USE ONLY |     |

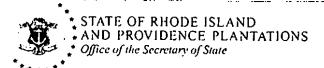
Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct.

Signature of Authorized Perform Date

CHERYL A. LIPShall

Pron or Type Name of Authorized Person

Form 632 Rev. 7:03



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

| 1. ID No.  | YPED OR PRINTED IN                    |                          |  |                      |       |  |  |
|--|---------------------------------------|--------------------------|--|----------------------|-------|--|--|
| 112383   | 1                                     | limited liabilty company | 110  |                      |       |  |  |
| 3. State of Formation  |                                       | L INSURANCE GROUP,       |  |                      |       |  |  |
| 3. State of Formation  RHODE ISLAND  A. Brief description of the character of the bus. INSURANCE-SALES |                                       |                          | ne oustness which is actually conducted      | in Khode Island      |       |  |  |
| 5. Principal office a  | ddress                                |                          | City   | State                | Zip   |  |  |
| 28 HERITAGE  | COURT                                 |                          | CRANSTON,                                    | RI                   | 02921 |  |  |
| 6. MAILING AT<br>Contact Name<br>CHERYL UT   |                                       | ED LIABILITY COMP        | ANY AND NAME OR TITLE  Contact Title  MEMBER | OF CONTACT PER       | ISON: |  |  |
| Street Address   |                                       |                          | City   | State                | Zip   |  |  |
| 28 HERITA  | AGE COURT                             |                          | • CRANSTON                                   | RI                   | 02921 |  |  |
| Manager Name   | ANY MODIFICATIONS TO MANAGERS REQUIRE |                          |  | •Manager Name        |       |  |  |
| Street Address   |                                       | , <u></u>                | Street Address                               |                      |       |  |  |
| City   | State                                 | Zip                      | City   | State                | Zip   |  |  |
| Manager Name   |                                       |                          | Manager Nume                                 | Manager Name         |       |  |  |
| Street Address   |                                       |                          | · Street Address                             | *Street Address      |       |  |  |
| City State Zip   |                                       |                          | City   | State                | Zip   |  |  |
| 8. RESIDENT AG   | ENT IN RHODE ISL                      | AND -DO NOT ALTER- C     | hanges require filing of Fo                  | rm 642 - R.I.G.L. 7- | 16-11 |  |  |
| · ·  |                                       |                          | Address                                      |                      |       |  |  |
| CHERYL A. UPSH   | ALL                                   |                          |  |                      |       |  |  |
| ddress   |                                       |                          | City   | Zi                   |       |  |  |

CRANSTON

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



| File Date | 10.28.02                |  |
|-----------|-------------------------|--|
| Check No. | 1118                    |  |
| By:       | de                      |  |
| FOR SECR  | ETARY OF STATE USE ONLY |  |

**28 HERITAGE COURT** 

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.

02921-

Signature of Authorized Pylson Date

Print or Type Name of Authorized Person

Filing Fee: \$50.00

#### To be filed annually between September 1 and November 1

**14 €** 5



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 112383

Annual Report for the year 2001

| 1.     | The name of the limited liability com   | pany is:  |  |
|--------|---|---|--|
|        | CHERYL UPSHALL INSURANCE O  | GROUP, LLC  |  |
| 2.     | The address of the principal office of  | f the limited liability company is:   |  |
|        | 28 HERITAGE COURT, CRANSTY  | ON, RI 02921  |  |
| 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: CHERYL A. UPSHALL  |   |  |
|        | 28 HERITAGE COURT CRANSTO   |   |  |
| 5.     | The current mailing address of the li   | mited liability company and the name or title of a person to whom communication.  |  |
|        |   | GE COURT, CRANSTON, RI 02921  |  |
|        | CHERYL UPS  | SHALL,  |  |
|        | state: Insurance  | of the business in which the limited liability company is actually engaged in this -Sales  anagers, the name and address of each manager of the limited liability company   Address   |  |
| Date   | ed 10-30-01<br>1 1 2 3 8 3  | 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.  CHERYL UPSHALL, INSURANCE GROUP, LLC  Exact Name of Limited Liability Company |  |
| File I | OR SECRETARY OF STATE USE ONLY Date: //- /- //  | By Preus O Deball   |  |
| Checl  | k No.: 1645   | Mamber  |  |
| By:    | المراجعة ا | Title Form No 632 Revised 01/99   |  |