



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main St
Providence, RI 02903-13
401.222.30

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. 112383		2. Exact name of the limited liability company CHERYL UPSHALL INSURANCE GROUP, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INSURANCE-SALES	
5. Principal office address 28 HERITAGE COURT		City CRANSTON	State RI
		Zip 02921	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CHERYL A. UPSHALL		Contact Title Member	
Street Address 28 HERITAGE CT		City CRANSTON	State RI
		Zip 02921	
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
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 CHERYL A. UPSHALL		Address	
Address 28 HERITAGE COURT		City CRANSTON	Zip 02921

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



File Date	4/5/06	*112383*
Check No.	1593	
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 statement contained herein are true and correct.

Signature of Authorized Person
Date 3/31/06
CHERYL A. UPSHALL
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 02903-1331
401 222-3040

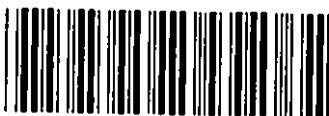
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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Street Address 28 HERITAGE COURT		City CRANSTON	State RI
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Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
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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 CHERYL A. UPSHALL		Address	
Address 28 HERITAGE COURT		City CRANSTON	Zip 02921

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 *

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	12/9/04
Check No.	1416
By:	W.
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person: CHERYL A. UPSHALL Date: 12/7/04
Print or Type Name of Authorized Person: CHERYL A. UPSHALL



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 02903-1336
401-222-3600

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: 112383		2. Exact name of the limited liability company: CHERYL UPSHALL INSURANCE GROUP, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INSURANCE-SALES	
5. Principal office address 28 HERITAGE CT.		City CRANSTON	State RI
		Zip 02921	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CHERYL UPSHALL		Contact Title MEMBER	
Street Address 28 HERITAGE CT.		City CRANSTON	State RI
		Zip 02921	
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			
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Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	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 CHERYL A. UPSHALL		Address	
Address 28 HERITAGE COURT		City CRANSTON	Zip 02921-

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

File Date **FEB 19 2004**
Check No **BY**
By **CHERYL A. UPSHALL**

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.

CHERYL A. UPSHALL 1/28/04
Signature of Authorized Person Date

CHERYL A. UPSHALL
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. 112383		2. Exact name of the limited liability company CHERYL UPSHALL INSURANCE GROUP, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INSURANCE-SALES	
5. Principal office address 28 HERITAGE COURT		City CRANSTON,	State RI
		Zip 02921	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CHERYL UPSHALL		Contact Title MEMBER	
Street Address 28 HERITAGE COURT		City CRANSTON	State RI
		Zip 02921	
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
Street Address		Street Address	
City	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 CHERYL A. UPSHALL		Address	
Address 28 HERITAGE COURT		City CRANSTON	Zip 02921-

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



File Date <u>10-28-02</u>
Check No. <u>1118</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] 10/25/02
Signature of Authorized Person Date
CHERYL A. UPSHALL
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 112383

Annual Report for the year 2001

1. The name of the limited liability company is:

CHERYL UPSHALL INSURANCE GROUP, LLC

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

28 HERITAGE COURT, CRANSTON, 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 CRANSTON RI 02921-

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: 28 HERITAGE COURT, CRANSTON, RI 02921

CHERYL UPSHALL

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Insurance-Sales

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

Name	Address
_____	_____
_____	_____
_____	_____

Dated 10-30-01



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

By

Cheryl A. Upshall

Member

Title

Form No 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>11-1-01</u>
Check No.:	<u>1045</u>
By:	<u>[Signature]</u>

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be