



**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. 123283		2. Exact name of the limited liability company CompuGuide llc	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Computer Consulting Services	
5. Principal office address 143 Foxboro Avenue		City Portsmouth	State RI Zip 02871
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Steven Kaufman		Contact Title President	
Street Address 143 Foxboro Avenue		City Portsmouth	State RI Zip 02871
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	City	State	Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	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 Steven Kaufman		Address 143 Foxboro Avenue	
Address		City Portsmouth	State RI Zip

RECEIVED  
 SECRETARY OF STATE  
 OCT 26 AM 11:20

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



1 2 3 2 8 3

File Date \_\_\_\_\_  
 Check No. **FILED**  
 By: **OCT 26 2005**  
 FOR SECRETARY OF STATE USE ONLY  
 BY: *[Signature]*

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]* \_\_\_\_\_ 10/26/05  
 Signature of Authorized Person Date  
 Steven Kaufman  
 Print or Type Name of Authorized Person



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

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

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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 Steven Kaufman		Address 143 Foxboro Avenue	
Address		City Portsmouth	Zip RI

OCT 26 AM 11:20  
 SECRETARY OF STATE  
 CORPORATIONS DIV.

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



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**FILED**

File Date OCT 28 2005

Check No. \_\_\_\_\_

By [Signature]

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] 10/26/05  
Signature of Authorized Person Date

STEVEN KAUFMAN  
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 123283		2. Exact name of the limited liability company CompuGuide llc.	
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island Computer Consulting Services	
5 Principal office address 143 FOXBORO AVENUE		City PORTSMOUTH	State RI
Zip 02871			
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Street Address 143 Foxboro Avenue		City Portsmouth	State RI
Zip 02871			
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Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip	Zip	Zip	Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip	Zip	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 STEVEN KAUFMAN		Address 143 FOXBORO AVENUE	
Address		City PORTSMOUTH	Zip 02871-

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



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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.

\*123283 DLLC 08/16/04 12:06:43 PM\*

File Date \_\_\_\_\_

Check No. AUG 17 2004

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

[Signature] 8/16/04  
Signature of Authorized Person Date

STEVEN KAUFMAN  
Print or Type Name of Authorized Person