



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. 137684		2. Exact name of the limited liability company The Computer Doctors, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Computer consulting, service and repair	
5. Principal office address 56 Cypress ave		City Tiverton	State RI
		Zip 02878	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Nicholas E. Vital		Contact Title President	
Street Address 56 Cypress ave		City Tiverton	State RI
		Zip 02878	
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
			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 Nicholas E. Vital		Address	
Address 56 Cypress ave		City Tiverton	Zip 02878

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



FILED

File Date SEP 25 2006
 Check No. By [Signature]
 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.

Nicholas Vital 9/19/06
 Signature of Authorized Person Date
Nicholas Vital
 Print or Type Name of Authorized Person