



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. 110585		2. Exact name of the limited liability company Tarred Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BUSINESS CONSULTING	
5. Principal office address 35 Pequot Rd.		City Pawtucket	State RI
		Zip 02861	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name William T. Lynch		Contact Title MGR. / PRINCIPAL	
Street Address 35 Pequot Rd.		City Pawtucket	State RI
		Zip 02861	
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 William T. Lynch		Manager Name	
Street Address 35 Pequot Rd.		Street Address	
City Pawtucket	State RI	City	State
Zip 02861		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 WILLIAM J. LYNCH, ESQ.		Address	
Address 35 PEQUOT ROAD		City PAWTUCKET	Zip 02861

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



File Date	9/14/05	110585
Check No.	175	
By:	Jm	
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.

William T. Lynch **9-12-05**
Signature of Authorized Person Date
William T. Lynch
Print or Type Name of Authorized Person



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Office of the Secretary of State
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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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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BUSINESS CONSULTING			
5. Principal office address 35 Pequot Rd.		City PAWTUCKET	State R.I.	Zip 02861	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name William J. Lynch		Contact Title MANAGER			
Street Address 35 Pequot Rd.		City PAWTUCKET	State R.I.	Zip 02861	
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 William J. Lynch		Manager Name			
Street Address 35 Pequot Rd.		Street Address			
City PAWTUCKET	State R.I.	Zip 02861	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 WILLIAM J. LYNCH, ESQ.		Address			
Address 35 PEQUOT ROAD		City PAWTUCKET		Zip 02861	

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



* 1 1 0 5 8 5 *

File Date	9/15/04
Check No.	140
By:	DA
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
9/14/04
Date
William J. Lynch
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 02903-1335
401.222.3040

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. 110585		2. Exact name of the limited liability company Tarred Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BUSINESS CONSULTING	
5. Principal office address 35 Pequot Rd.		City Pawtucket	State R I
		Zip 02861	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name William J. Lynch		Contact Title mgr. / Principal	
Street Address 35 Pequot Rd.		City Pawtucket	State R I
		Zip 02861	
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 William J. Lynch		Manager Name	
Street Address 35 Pequot Rd.		Street Address	
City Pawtucket	State R I	City	State
Zip 02861		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 WILLIAM J. LYNCH, ESQ.		Address	
Address 35 PEQUOT ROAD		City PAWTUCKET	Zip 02861-

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



* 1 1 0 5 8 5 *

File Date	12/5/03
Check No.	115
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 11/1/03
Print or Type Name of Authorized Person
W J Lynch



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

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

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. 110585		2. Exact name of the limited liability company Tarred Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BUSINESS CONSULTING	
5. Principal office address 35 PEQUOT Rd		City PAWT	State RI
		Zip 02861	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name WILLIAM J LYNCH		Contact Title .	
Street Address 35 PEQUOT Rd		City PAWT	State RI
		Zip 02861	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name William J. Lynch		Manager Name .	
Street Address 35 Pequot Rd.		Street Address .	
City Pawtucket	State RI	Zip 02861	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 WILLIAM J. LYNCH, ESQ.		Address .	
Address 35 PEQUOT ROAD		City PAWTUCKET	Zip 02861

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



* 1 1 0 5 8 5 *

FILED

File Date
NOV 07 2002
Check No.
By 02562
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
Sept. 6, 2002

Print or Type Name of Authorized Person
W. J. Lynch, mgr.

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 110585

Annual Report for the year 2001

1. The name of the limited liability company is:

Tarred Associates, LLC

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

90 ANAWAN Rd., Pawtucket,

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: WILLIAM J. LYNCH, ESQ.

90 ANAWAN ROAD PAWTUCKET RI 02861-

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: William J. Lynch, 90 ANAWAN Rd;

Pawtucket, R-I. 02861

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

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

Name

Address

William J. Lynch

90 ANAWAN Rd., Pawt., R.I. 02861

Dated _____



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.

TARRED ASSOCIATES, L.L.C.

Exact Name of Limited Liability Company

By

WJ Lynch

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9-5-01

Check No.: 2255

By: 2

Form No. 632
Revised 01/99

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