

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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2005 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

| FORM HUST BE LIFELD | OK PRIN | TED IN BLACK) | | | | | |
|---|-------------|--|--|--|--------------|----------|-----------------------------|
| 1. ID No. | 2. Exact | 2. Exact name of the limited liability company | | | | | |
| 110585 | Tarred | Associates, LLC | | | | | |
| 3. State of Formation | | 4. Brief description of the | character of the business whi | ich is actually conducted in Rhode Island | 1 | • | |
| RHODE ISLAND | | BUSINESS CONSUI | LTING | | | | |
| 5. Principal office addres | 35 | Requot | Pd- | Pawtue Ket | State | 7 | 02861 |
| 6. MAILING ADDRE | SS OF L | IMITED LIABILITY | COMPANY AND NAME | | ON: | | |
| Contact Name Wil | 1:AN | IT. LYW | ch | Contact Title MGR. / PR | NCIDI | 4/ | ļ |
| Street Address 35 / | equo | + Pd. | | PAW tucket | State /2_ | <u>ナ</u> | 0Z861 |
| 7. NAME AND ADD | rys of | | | LITY COMPANY, IF APPLICAB | | _ | · |
| AN | V Y MODI | | BEFORE USING ATTAC AGERS REQUIRES FIL | CHMENTS ("X" BOX FOR AT ING OF AMENDMENT, R.I.G.L | | | -52 |
| Manager Name | 1/iAn | 2 It Lu | nch | Manager Name | | | |
| Sircei Address Pl | 'auo | t Rd. | | Street Address | | | |
| Pautiel | et | State | 0286 | City | State | | Zip |
| Manager Name | | | | Manager Name | | | |
| Street Address | | | | Street Address | | | |
| City | | State. | Zip | City | State | | Zίρ |
| 8. RESIDENT AGEN Agent Name WILLIAM J. LYNCH, E | | ODE ISLAND - DO N | NOT ALTER - Changes | require filing of Form 642 - Address | R.I.G.L. 7-1 | 6-11 | ' ·· ·- · - ·- · |
| Address | | | City | | Zip | | |
| | | ' | | l · | | | |
| 35 PEQUOT ROAD | | | PAWTUCKET | | 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° | |
|---------------------------------|--|
| FOR SECRETARY OF STATE USE ONLY | |

| Inder penalty of perjury, I declare and affirm t | that I have examined this report |
|--|----------------------------------|
| ncluding any accompanying schedules and sta | tements, and that all statements |
| ontained herein are true and correct. | |
| | |
| | 4 |
| 11x Much | 9-17-55 |
| | 1 12.03 |



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 ___

2004

| 1 ID No | PED OR PRINTED IN BI. 2 Exact name of the | be limited Hability compar | V | • | - | |
|-----------------------|--|------------------------------|--|--------------------------------|---------------|--|
| 110585 | ' | Tarred Associates, LLC | | | | |
| 3. State of Formation | 4. Brief d | lescription of the character | of the business which is actually conducted i | in Rhode Island | | |
| RHODE ISLAN | D BUSIN | NESS CONSULTING | | | | |
| 5 Principal office ad | 35 Peg | just pd | 1 / / 100 / 100 - / 1 | • • | 7.ip 0Z861 | |
| 6. MAILING ADI | DRESS OF LIMITED | LIABILITY COMPAI | NY AND NAME OR TITLE OF CONT | TACT PERSON: | | |
| Contact Name W | illiam I | Lynch | Contact Tule | mager | | |
| Sircei Address 35 | - Requot | Pol. | Paurtue | Ket State R.I | 0Z861 | |
| 7. NAME AND A | DDRESS OF EACH N | MANAGER OF THE | LIMITED LIABILITY COMPANY, IF | APPLICABLE | • | |
| | FILL | IN SPACES BEFORE | USING ATTACHMENTS ("X" BC REQUIRES FILING OF AMENDMEN | OX FOR ATTACHMENT) 🗍 | / 7-16-52 | |
| Manager Name | | _ / | Manager Name | Manager Name | | |
| | illiam 4 | . LYNC | h | | | |
| Sirret Address | Pequot 1 | ed. | Street Address | | | |
| Powtu | e that state A | E.I. Zip | 2861 Cay | State | Zip | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Sirrei Address | | | |
| City | State | Zip | City | State | Zip | |
| 8. RESIDENT AG | ENT IN RHODE ISI | LAND - DO NOT AL | ER - Changes require filing of Fo | orm 642 - R.I.G.L. 7-16-11 | l | |
| WILLIAM J. LYNG | H, ESQ. | | | | | |
| Address | | | City | City Zip | | |
| | 35 PEQUOT ROAD | | | PAWTUCKET 02861- | | |

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



| File Date | 9/15/04 | |
|---------------------------------|---------|--|
| Check No. | 140 | |
| Ву: | OA | |
| 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 tryl and correct.

Signmury of reshyrized Person

Date

William I. Lyvel

pe name of Aumorizea 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 _

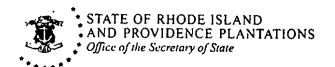
2003 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

| TORM MUST BE TYPE | O OR PRINTED IN BLACK) | | | | | |
|-----------------------------|-----------------------------------|------------------------|---|--|-----------|--|
| I II) No. | 2. Exact name of the limited liab | nitty company | | | | |
| 110585 | Tarred Associates, I | Tarred Associates, LLC | | | | |
| 3 State of Formation | 4. Brief description of t | be character of the h | ustness which is actually conducted | n Rhode Island | | |
| RHODE ISLAND | BUSINESS CON | SULTING | | | | |
| 5 Principal office addre | "35 Pequot 1 | 2cl - | Partue) | Ket Sinic | I 02861 | |
| 6. MAILING ADDR | ESS OF LIMITED LIABILITY | COMPANY AN | D NAME OR TITLE OF CON | TACT PERSON: | _ | |
| Gontact Name Wi | lliam I. Ly | uch | Contact Title 1091. | 1 PRINCIPAL | | |
| Street Address 35 | - Peaust Ro | 2 - | Pawtue. | Ket RI | - 02861 | |
| 7. NAME AND ADI | DRESS OF EACH MANAGER | | D LIABILITY COMPANY, IF | | _ | |
| AI | | | G ATTACHMENTS | O <i>X FOR ATTACHMENT)</i> NT, R.I.G.L. 7-16-12 (a) | | |
| Manager Name | 11 - 1 | - 1 | Manager Nume | | | |
| | //iAM - LUA | s Ch | | | | |
| Street Address 55 / | Peaust Rd. | | Street Address | | | |
| Pautuc | Let State RI | 240256 | Gity (| State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 8. RESIDENT AGEI Agent Name | NT IN RHODE ISLAND - DO | NOT ALTER - (| : Changes require filing of F Address | orm 642 - R.I.G.L. 7-16 | i 5-11 | |
| WILLIAM J. LYNCH, | ESQ. | | | | | |
| Address 35 PEQUOT ROAD | | | City PAWTUCKET | _ · · | | |
| | | | | ······································ | | |

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 145/07 Check No. 15 |
| 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 cofrect. | |
| 10 26. | |
| 11/1/2011 11/1/0 | 7 3 |
| Signature of Althority of m Date | |
| (2 - /// ch | |
| WWLYNCK | |
| Print or Type Name of Authorized Person | |



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: Se (FORM MUST BE T | | | Filing Fee: \$50 | 0.00 | | |
|---|---|------------------------|------------------------------------|---------------------------------|----------------------------|---------------------------------|
| 1. ID No. | 2. Exact name of the limited liabilty company | | | | | |
| 110585 | | Tarred Associates, LLC | | | | |
| 3. State of Formation 4. Brief description of the character of the busines. | | | | business which is actually cond | ducted in Rhode Island | |
| RHODE ISLAND |) | BUSINESS (| ONSULTING | | | |
| 5. Principal office of | ddress PEQU | IOT R | 1 | City PAWT | State RI | 2ip 02 Fc/ |
| 6. MAILING AD | | | JABILITY COMPA | NY AND NAME OR TIT | TLE OF CONTACT P | ERSON: |
| Contact Name | | , | | Contact Title | | |
| WILL | Am | I L | YNCH | • | | |
| Sireel Address 35 | PEQ | WOT RO | , ——— (| City PAWT | State | 2ip 02861 |
| 7. NAME AND A | | F EACH MA | NAGER OF THE LIN | AITED CLABILITY CO | MPANY, IF APPLICA | BLE |
| | | FILL IN SPA | CES BEFORE USING | 'ATTACHMENTS 📜 ("X") | BOX FOR ATTACHMENT | : D |
| | ANY MO | DIFICATIONS | TO MANAGERS REQUI | RES FILING OF AMENDME | NT. R.I.G.L 7-16-12 (a) (2 |) / 7-16-52 |
| Manager Name | iam | J. L4 | uch | • Manager Name | | |
| Street Address Pe | aust | - Rd! | | • Strect Address | | |
| PAWTURKET State RI Zip 02861 | | | City | State | Zip | |
| Manager Name | | | | Manager Name | ••••• | • • • • • • • • • • • • • • • • |
| Sireet Address | | | | *Sireel Address | | |
| City | | State | Zip | City | State | Zip |
| 8. RESIDENT AG | ENT IN RE | IODE ISLANI | -DO NOT ALTER- Ch | anges require filing | of Form 642 - RIGI | 7-16-11 |
| Agent Name | ······································ | | | Address | or other over the decide. | |
| WILLIAM J. LYNC | I, ESQ. | | | | | |
| Address | | | | City | | Zip |
| 35 PEQUOT ROAD | | | PAWTUCKET | 1 ' | | |
| | | | | | | |

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



| | FILED |
|-------------|-------------------------|
| File Date | |
| Check No. | NOV 07 2002 |
| | By 122562 |
| B <u>v:</u> | <u>u</u> |
| FOR SECRE | ETARY OF STATE USE ONLY |

| Under penalty of perjury, declare and af this report, including any accompanying and that all statements contained horein a | schedules and statements, |
|---|---------------------------|
| 18 Typell | Dept. 6. Dat |
| Signagure of duthorize the Person | Mar. |
| Print or Type Name of Authorized Person T | Form 632 Rev. 6/02 |

Filing Fee: \$50.00

By:

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

**

Form No. 632

Revised 01/99

LIMITED LIABILITY COMPANY

| ΙD | Number DLLC 110585 | Annual Report for the year 2001 | | |
|--|--|--|--|--|
| 1. | The name of the limited liability company | is: | | |
| | Tarred Associates, LLC | | | |
| 2. | | limited liability company is: Q., Pawfucket | | |
| 3. | The state or other jurisdiction under the la | aws 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 0 | 2861- | | |
| 5. | The current mailing address of the limited | d liability company and the name or title of a person to whom communications | | |
| | may be directed are: William Pawtueket, R-I- | J. Lynch, 90 ANNWAN RD; 02861 | | |
| 6. | , | | | |
| 7. | If the limited liability company has manag | gers, the name and address of each manager of the limited liability company Address 90 Anaway Ray, Pawt, R. I. 02861 | | |
| Da | ated | 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. | | |
| | FOR SECRETARY OF STATE USE ONLY e Date: 7-5-0/ eck No.: 2255 | Exact Name of Limited Liebility Company By MANAGER Title | | |
| | <i>U</i> = - | IME | | |