



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005**

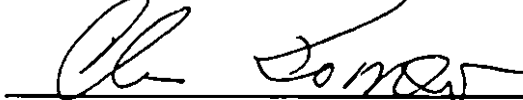
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1. ID No. <b>127085</b>	2. Exact name of the limited liability company <b>FREEDOMBRIDGE TECHNOLOGIES</b>			
3. State of Formation <b>RI</b>	4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Sales &amp; Marketing</b>			
5. Principal office address <b>237 WICKFORD Pt Rd</b>		City <b>N. KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name <b>Charles Romeo</b>		Contact Title <b>President</b>		
Street Address <b>237 WICKFORD Pt Rd</b>		City <b>N. KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> 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 <b>Charles Romeo</b>		Manager Name		
Street Address <b>237 WICKFORD Pt Rd</b>		Street Address		
City <b>N. KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	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 <b>Charles Romeo</b>		Address		
Address <b>237 WICKFORD Pt Rd</b>		City <b>N. KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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 **10-12-06**  
**Charles Romeo**  
Print or Type Name of Authorized Person

File Date	<b>FILED</b>
Check No.	<b>OCT 12 2006</b>
By:	<b>3y</b>
FOR SECRETARY OF STATE USE ONLY	



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

2004

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 127085		2. Exact name of the limited liability company FreedomBridge Technologies LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SALES & MARKETING	
5. Principal office address 29 GINGER CT		City NORTH KINGSTOWN	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Charles Romeo		Contact Title PRESIDENT / OWNER	
Street Address 29 GINGER, CT		City N. KINGSTOWN	State RI
		Zip 02852	
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 Charles Romeo		Manager Name	
Street Address 29 GINGER CT		Street Address	
City N. KINGSTOWN	State RI	City	State
Zip 02852		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 CHARLES ROMEO		Address	
Address 29 GINGER COURT		City NORTH KINGSTOWN	Zip 02852

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



\* 1 2 7 0 8 5 \*

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 Dec 28, 2004

CHARLES ROMEO  
Print or Type Name of Authorized Person

File Date 12/30/04  
Check No. 162  
By: W.

FOR SECRETARY OF STATE USE ONLY



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

Corporations Division  
160 North Main Street  
Providence, RI 02903-1335  
401 222 3046

# 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 <b>127085</b>		2. Exact name of the limited liability company <b>FreedomBridge Technologies LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>SALES &amp; MARKETING</b>	
5. Principal office address <b>29 GINGER CT</b>		City <b>North Kingstown RI</b>	Zip <b>02852</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <b>Charles Romeo</b> Contact Title <b>President</b>			
Street Address <b>29 GINGER CT</b>		City <b>N. Kingstown</b>	Zip <b>02852</b>
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 <b>Charles Romeo</b>		Manager Name	
Street Address <b>29 GINGER CT</b>		Street Address	
City <b>N. KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	
Manager Name		Manager Name	
Street Address		Street Address	
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 <b>CHARLES ROMEO</b>		Address	
Address <b>29 GINGER COURT</b>		City <b>NORTH KINGSTOWN</b>	Zip <b>02852</b>

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



\* 1 2 7 0 8 5 \*

File Date	<b>12/11/03</b>
Check No.	<b>122</b>
By	<b>[Signature]</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 statements contained herein are true and correct.

**[Signature]** **11-1-03**  
Signature of Authorized Person Date  
**Charles Romeo**  
Print or Type Name of Authorized Person