

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

Corporations Division 148 W. River Street Providence, RI 02904-2615 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 THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

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1.10 M. 127085	2. Exact name of the limited liability		1		
3. State of Formation	FREEDOM		Ch LOC PS ch is actually conducted in Rhode Island		
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5. Principal office address	_		City	State	Zip
_		₹ ♂	N. KINGSTOWN	RI	10x322
Contact Name	SS OF LIMITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:	
Community Marine	ARles Ron	14.05	Contact Title	10 -1	
Street Address	4 × 102 1102	N40	PRESIC	I Strate	Zip
237 610	KLORD PT	Rd	A. KNASTOWN	RE	02852
7. NAME AND ADDE	RESS OF EACH MANAGER C	P THE LIMITED LIABI	LITY COMPANY, IF APPLICAB	LE - DO NOT LIS	T MEMBERS
ANY	FILL IN SPACES MODIFICATIONS TO MAN	BEFORE USING ATTAC	HMENTS ("X" BOX FOR AT ING OF AMENDMENT, R.I.G.L	FACHMENT) 7 16 12 (a) (2) / 7	16.50
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Manager Name			Manager Name		
Street Address			Street Address		
City	State	ZIp	City	State	Zip
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	IN RHODE ISLAND - DO N	OT ALTER - Changes	require filing of Form 642 -	R.I.G.L. 7-16-11	•
Agent Name		_	Address		
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Address	cles from	> 1	City	Zip	1. ~
231 WI	ckroed Pt	79	N. KINGSTOWN		23823
					11 i.u.
	This report must be	e executed by an author	ized person pursuant to R.I.G.L	. 7-16-66 <i>(</i> b).	<u>\times_1</u>
					是一篇
•			Under penalty of perjury, 1	declare and affirm that	thave examined this report
 -		•	including any accompanying	ig schedules and statem	
			contained herein are true as	nd correct.	
File Date	FILEY	,40 ³⁰		7	
Check No	- 1 2 2006n	1,40,	11/	COMOS	10-12-00
CHECK NO.	061 1 ~ • • 7 /) ~ 1 \	,	Signature of Authorized Person	on Dái	e .
Ву:	01100.			D. ~	
FOR SECRETAR	Y OF STATE UNDON'T		Charles &	TOMES	
FOR SECRETAR	OF STATE USE ONLY		Print or Type Name of Autho	rized Person	
					Form 632 Rev. 08:06



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

2004

MITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

1. (D) NO 1. (D)	?8 5 2 ?8 5 2
RHODE ISLAND SALES & MARKETING City WORTH KINGS TOWN AL ON 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Charles Nower Address City N. KINGS TOWN State ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Charles Rome Charles Rome City N. KINGS TOWN State City N. KINGS TOWN State City N. KINGS TOWN State City Manager Name Charles Rome Charles Rome City N. KINGS TOWN State City Manager Name Manager Name Manager Name Charles City N. KINGS TOWN State City Manager Name Manager Name Manager Name City Manager Name Manager Name Manager Name Manager Name Manager Name Manager Name	?852
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title PRESIDENT OWNER Street Address City State Zip ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name Manager Name City Street Address Street Address Street Address City State Zip Manager Name Manager Name City Manager Name City Manager Name Manager Name Manager Name City Manager Name Manager Name Manager Name City Manager Name Manager Name Manager Name Manager Na	 ?85.2
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 Charles Rome Street Address 29 GINGER CF City National State Zip OX85.7 Manager Name Manager Name Manager Name State State Zip Manager Name Manager Name	?852
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 Manager Name Manager Name	
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City State Zip City State Zip No. Kinocoroun State Zip O285Z Manager Name State Zip O285Z Manager Name	
Standard France	
Street Address	
City State Zip City State Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filling of Form 642 - R.I.G.L. 7-16-11 Agent Name Address	
CHARLES ROMEO Address City: A3257	
29 GINGER COURT NORTH KINGSTOWN 02852-	

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



File Date	12/30/04
Check No.	(6)
Ву:	<u> </u>
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury. I declare and affirm	n that I have examined this report.
including any accompanying schedules and contained herein are true and correct.	statements, and that all statements,



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, Rl 02903-1335 461 222 3046

2003

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 2 Exact name of the limited hability company 127085 FreedomBridge Technologies LLC 5 State of Formation 4 Brief description of the character of the business which is actually conducted in Rhode Island **RHODE ISLAND** > Principal office address GINGER 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF Contact Tale NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMP 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 Marcapa Name Manager Name Street Address State Z.(p Street Address Street Address State Zip State $Z\psi$ 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address **CHARLES ROMEO** Address Z/ρ 29 GINGER COURT **NORTH KINGSTOWN** 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 *
File Date 12/11/13
Check No
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 herest are true and correct.
Ala 1000 11-1-03
ignarie of Authorized Person Date
hopeles Tames
WARLES / OVOICE
Print or Type Name of Authorized Person