



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. 115686		2. Exact name of the limited liability company AURORA COMMUNICATIONS LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island COMMUNICATION CONSULTING			
5. Principal office address 209 Beechwood Drive		City CRANSTON	State RI	Zip 02921	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Andrew Kaplan			Contact Title PRESIDENT		
Street Address 209 Beechwood Drive		City CRANSTON	State RI	Zip 02921	
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 ANDREW KAPLAN			Address		
Address 209 BEECHWOOD DRIVE		City CRANSTON	Zip 02920-		

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



File Date	<u>8/30/05</u> 115686*
Check No.	<u>3994</u>
By:	<u>DA</u>
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] 8/29/05
Signature of Authorized Person Date
Andrew Kaplan President
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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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 COMMUNICATION CONSULTING			
5. Principal office address 81 Wildwood Drive		City CRANSTON	State RI	Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Andrew Kaplan		Contact Title President			
Street Address 81 Wildwood Dr		City CRANSTON	State RI	Zip 02920	
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 ANDREW KAPLAN		Address			
Address 81 WILDWOOD DRIVE		City CRANSTON	Zip 02920		

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



* 1 1 5 6 8 6 *

File Date 9/23/04
Check No. 3517
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] 9/21/04
Signature of Authorized Person Date
Andrew Kaplan
Print or Type Name of Authorized Person



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 115686		2 Exact name of the limited liability company AURORA COMMUNICATIONS LLC			
3 State of formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island COMMUNICATION CONSULTING			
5 Principal office address 81 Wildwood Dr		City Cranston	State RI	Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Andrew Kaplan			Contact Title President		
Street Address 81 Wildwood Drive		City Cranston	State RI	Zip 02920	
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					
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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 ANDREW KAPLAN			Address		
Address 81 WILDWOOD DRIVE			City CRANSTON	Zip 02920	

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



* 1 1 5 6 8 6 *

File Date 10-15-03
Check No 3074
By AK
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.

AK 9/16/03
Signature of Authorized Person Date
Andrew M. Kaplan, President
Print or Type Name of Authorized Person



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. 115686		2. Exact name of the limited liability company AURORA COMMUNICATIONS LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island COMMUNICATION CONSULTING			
5. Principal office address 81 Wildwood Drive		City CRANSTON	State RI	Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Andrew KAPLAN		Contact Title PRESIDENT			
Street Address 81 Wildwood Drive		City CRANSTON	State RI	Zip 02920	
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 ANDREW KAPLAN		Address			
Address 81 WILDWOOD DRIVE		City CRANSTON	Zip 02920		

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



* 1 1 5 6 8 6 *

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.

File Date 9-4-02
Check No. 2150
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person [Signature] Date 8/30/02
Print or Type Name of Authorized Person Andrew Kaplan

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 DLIC 115686

Annual Report for the year 2001

1. The name of the limited liability company is:

AURORA COMMUNICATIONS LLC

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

81 Wildwood Drive, Cranston RI 02920

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: ANDREW KAPLAN

81 WILDWOOD DRIVE CRANSTON RI 02920-

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: 81 Wildwood Drive Cranston RI 02920

Andrew M. Kaplan

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

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

Name

Address

Dated 8/31/01



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.

Aurora Communications LLC

Exact Name of Limited Liability Company

By Andrew Kaplan

President

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-4-01</u>
Check No.:	<u>1075</u>
By:	<u>[Signature]</u>