



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 122690		2. Exact name of the limited liability company Management Capital LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SBI INVESTMENT	
5. Principal office address 10 DORRANCE STREET		City PROVIDENCE	State RI Zip 02903-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name GERALD F CERCE		Contact Title	
Street Address 10 DORRANCE STREET		City PROVIDENCE	State RI Zip 02903-
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 None		• 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 STEPHEN J. CARLOTTI		Address 1500 FLEET CENTER	
Address		City PROVIDENCE	Zip 02903-

FILED

OCT 06 2005

*Kmc*  
*A79211*

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



1 2 2 6 9 0

\*122690 DLLC 09/19/05 11:11:48 AM\*

File Date

Check No.

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

10/3/05  
Date

STEPHEN J. CARLOTTI

Print or Type Name of Authorized Person

05 OCT -6 PM 4:08  
RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 122690		2. Exact name of the limited liability company Management Capital LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT	
5. Principal office address 10 DORRANCE STREET		City PROVIDENCE	State RI Zip 02903-
<del>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON</del>			
<del>Contact Name GERALD F CERCE</del>		<del>Contact Title</del>	
<del>Street Address 10 DORRANCE STREET</del>		<del>City PROVIDENCE</del>	<del>State RI Zip 02903-</del>
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (XX" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) 1-7-16-52			
Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• City
Manager Name	• Manager Name		
Street Address		• Street Address	
City	State	Zip	• City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name STEPHEN J. CARLOTTI		Address 1500 FLEET CENTER	
Address		City PROVIDENCE	Zip 02903-

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



1 2 2 6 9 0

*122690 DLLC/11/17/04 10:52:41 AM*
File Date <u>11/19/04</u>
Check No. <u>164571</u>
By <u>W.</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 of Authorized Person

Date

STEPHEN J. CARLOTTI

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. 122690		2. Exact name of the limited liability company Management Capital LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SBI Investment	
5. Principal office address 10 DORRANCE STREET, SUITE 500		City PROVIDENCE	State RI Zip 02903
<del>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</del>			
Contact Name Gerald F. Cerce		Contact Title	
Street Address 10 Dorrance Street, Suite 500		City Providence	State RI Zip 02903
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 None		*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 STEPHEN J. CARLOTTI		Address 1500 FLEET CENTER	
Address		City PROVIDENCE	Zip 02903

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



FILED

\*122690 DLLC 09/15/03 10:28 AM\*  
File Date  
Check No. BY *[Signature]* #155209  
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]*  
Signature of Authorized Person

Date

Stephen J. Carlotti

Print or Type Name of Authorized Person