

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 2 Exact name of the limited liabilty company 122690 Management Capital LLC 3 State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island SBI INVESTMENT RHODE ISLAND 5. Principal office address 10 DORRANCE STREET PROVIDENCE RI 02903-6. MAILING ADDRESS. OF LIMITED LIABILITY COMPANY AND NAME OR TITLE. OF CONTACT PERSON Contact Name Contact Title GERALD F CERCE Street Address City Zip 10 DORRANCE STREET PROVIDENCE RΙ 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) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) /-7-16-52 Manager Name · Manager Name None Street Address • Sireei Address City Zio ·Cirv State Manager Name Manager Name Street Address ·Street Address 8: RESIDENT AGENT IN RHODE ISLAND, DO NOT ALTER-Changes require filing of Form 642; R.I.G.L. Agent Name Address STEPHEN J. CARLOTTI 1500 FLEET CENTER Address Zip PROVIDENCE 02903-FILED OCT 06 2005 This report must be signed in ink by an authorized person pursuant to 7-16-66. Under penalty of perjury, J declare and affirm that I have examined this report, including and accompanying schedules and statements, \*122690 DLLC 09/19/05 11:11:48 AM\* and that all statements contained herein are true and correct. File Date 10/3/05 Check No. Signature of Authorized Person STEPHEN J. CARLOTTI Print or Type Name of Authorized Person FOR SECRETARY OF STATE USE ONLY



Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

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



122690	DLLC/11/17/04 10:52:41 AM*
File Date	11/9/04
Check No	164571
B <u>y·</u>	IJ,
FOR SECRI	ETARY 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



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

<i>(FORM MUST BE T</i>	YPED OR PRINTED IN BL	i I 🏓 Filing Fee: 🕽					
1. ID No. 122690	2. Exact name of the t Management Ca	nagement Capital LLC					
3. State of Formation	4. Brief descri	ption of the character of	the business which is actually conducted	in Rhode Island	<del>-</del> -		
RHODE ISLAND SBI Investment							
5. Principal office address 10 DORRANCE STREET, SUITE 500			City PROVIDENCE	State RI	Zip 02903		
-6: MAHJING AD Contact Name Gerald F. Ce		Э <del>глувнату с</del> омі	PANY AND NAME OR THILE Contact Title	OP CONTACT-PER	90N:		
Street Address 10 Dorrance Street, Suite 500			City Providence	State RI	Zip 02903		
ANY MODIFICATIONS TO MANAGERS REQUI Manager Name None Street Address			G ATTACHMENTS ("X" BOX FOR ATTACHMENT)   JIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52  Manager Name  Street Address				
City	State	Zip	City	State	Zip		
City Manager Name	State	Zip	*City *Manager Name	State	Zip		
Manager Name	State	Zip	• • • • • • • • • • • • • • • • • • • •	State	Zip		
Manager Name Street Address	State	Zip	Manager Name	State	Zip		
Manager Name  Street Address  City  8. RESIDENT AG	State	Zip	Manager Name Street Address	State	Zip		
Manager Name  Street Address  City  8. RESIDENT AG	State ENT IN RHODE ISLAN	Zip	Manager Name Street Address City Changes require filing of Fo	State prm 642 - R.I.G.L., 7-1	Zip		
Manager Name  Street Address  City	State ENT IN RHODE ISLAN	Zip	Street Address City Changes require filing of Fo	State prm 642 - R.I.G.L., 7-1	6-11		

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

1 2 2 6 9 0	
122690 DLLC 09/15/03 10:28 AM.	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.
Check No.	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Stephen J. Carlotti Print or Type Name of Authorized Person Form 632 Rev. 6/02