



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. 130696		2. Exact name of the limited liability company GRANITE CITY LAW, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island LEGAL SERVICES	
5. Principal office address 42 Granite Street		City Westerly	State RI Zip 02891
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Michael L. Cozzolino Contact Title			
Street Address 42 Granite Street		City Westerly	State RI Zip 02891
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 Street Address City State Zip Manager Name 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 MICHAEL L. COZZOLINO, ESQ. Address 42 GRANITE STREET City WESTERLY Zip 02891			

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



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  
9-2-05

Print or Type Name of Authorized Person  
MICHAEL COZZOLINO

File Date	9/27/05
Check No.	1643
By:	
FOR SECRETARY OF STATE USE ONLY	



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1. ID No. 130696		2. Exact name of the limited liability company GRANITE CITY LAW, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Legal services	
5. Principal office address 42 GRANITE STREET		City WESTERLY	State RI
		Zip 02891-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name George J. Bauerle, III		Contact Title Member	
Street Address 22 West Main St.		City North 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		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name	Manager Name		Manager Name
Street Address		Street Address	
City	State	Zip	City
State		State	
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 421-R.I.G.L. 7-16-11			
Agent Name GEORGE J. BAUERLE, III ESQ.		Address 22 WEST MAIN STREET	
Address		City NORTH KINGSTOWN	Zip 02852-

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



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\*130696 DLLC 09/28/04 03:54:28 PM\*

File Date **FILED**

Check No. **NOV 03 2004**

By: **By M 49081**

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

George J. Bauerle, III

Print or Type Name of Authorized Person