

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

Matthew A. Brown, Secretary of State

Corporations Division 100 Nonth Main Street Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ____

2005

Filing Perioa: September (FORM MUST BE TYPED OR P		Filing Fee: \$50,00				
446555	act name of the limited liability company 1. Investments, LLC					
3. State of Formation	4. Brief description of the	e character of the business wh	ich is actually conducted in Rhode	Island		
RHODE ISLAND	Investing	Investing Service				
5. Principal office address			City	State	Zip	
183 Hartford Pike			Foster	R	RI 02825	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name Bradford Smith			OR TITLE OF CONTACT PERSON: Contact Title			
183 Hartford Pike			Cuy Foster	State R1	02825	
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						
Street Address			Street Address			
City	State	Zip	City	State	Zip	
RI 02825			Manager Name			
			Things Turns			
Street Address			Street Address			
City	State	Zip	Cuy	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name JOHN B. ENNIS, ESQ.			require filing of Form 642 R.I.G.L. 7-16-11			
Address			City	ĭ	Zip	
1200 RESERVOIR AVENUE			CRANSTON		02920-	

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

File Date	38 95·142278·	
Check No.	340	
Ву:	WY	.
FOR SECRET	TARY OF STATE USE ONLY	·

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Under penalty of perjury, I declare and affir including any accompanying schedules and contained herein are true and correct.	•
Bullow Smith	9/9/05
Bradford Swith	Date
Print or Type Name of Authorized Person	