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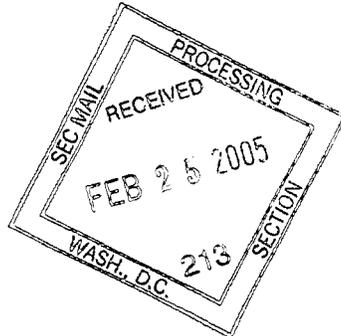
SEC 1972 (6/99) Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

**ATTENTION**  
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

OMB APPROVAL
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Expires: May 31, 2005
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05045572



**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**

**FORM D**

SEC USE ONLY		
Prefix		Serial
DATE RECEIVED		

PROCESSED  
MAR 02 2005  
THOMSON FINANCIAL  
E

**NOTICE OF SALE OF SECURITIES  
PURSUANT TO REGULATION D,  
SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION**

Name of Offering (check if this is an amendment and name has changed, and indicate change.)

**Scuder Group, LLC**

Filing Under (Check box(es) that apply):  
 Rule 504    Rule 505    Rule 506    Section 4(6)    ULOE

Type of Filing:  New Filing    Amendment

*mm*

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**A. BASIC IDENTIFICATION DATA**

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1. Enter the information requested about the issuer

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Name of Issuer (check if this is an amendment and name has changed, and indicate change.)

**Scuderi Group, LLC**

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Address of Executive Offices (Number and Street, City, State, Zip Code)

**1111 Elm Street, Suite 4, West Springfield, MA 01089**

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Telephone Number (Including Area Code)

**413-439-0343**

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Address of Principal Business Operations (Number and Street, City, State, Zip Code)

**1111 Elm Street, Suite 4, West Springfield, MA 01089**

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Telephone Number (Including Area Code)  
(if different from Executive Offices)

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Brief Description of Business

**Development and Licensing of Innovative Energy Related Technologies.**

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Type of Business Organization

corporation                       limited partnership, already formed                       other (please specify):  
 business trust                       limited partnership, to be formed

**Limited Liability Company**

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Month    Year

Actual or Estimated Date of Incorporation or Organization: [04]    [02]                      [X] Actual    [ ] Estimated  
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  
CN for Canada; FN for other foreign jurisdiction)    [M] [A]

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**A. BASIC IDENTIFICATION DATA**

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2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

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Check Box(es) that Apply:	<input checked="" type="checkbox"/> Promoter	<input checked="" type="checkbox"/> Beneficial Owner	<input checked="" type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
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Full Name (Last name first, if individual)  
**Scuderi, Salvatore**

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Business or Residence Address (Number and Street, City, State, Zip Code)

**1111 Elm Street, Suite 4, West Springfield, MA 01089**

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Check Box(es) that Apply:	<input checked="" type="checkbox"/> Promoter	<input checked="" type="checkbox"/> Beneficial Owner	<input checked="" type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
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Full Name (Last name first, if individual)  
**Scuderi, Michael**

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Business or Residence Address (Number and Street, City, State, Zip Code)

**1111 Elm Street, Suite 4, West Springfield, MA 01089**

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Check Box(es) that Apply:	<input checked="" type="checkbox"/> Promoter	<input checked="" type="checkbox"/> Beneficial Owner	<input checked="" type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
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Full Name (Last name first, if individual)  
**Scuderi, Angelo**

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Business or Residence Address (Number and Street, City, State, Zip Code)

**1111 Elm Street, Suite 4, West Springfield, MA 01089**

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Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

**Scuderi, Stephen**

Business or Residence Address (Number and Street, City, State, Zip Code)

**1111 Elm Street, Suite 4, West Springfield, MA 01089**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

**Scuderi, Nicholas**

Business or Residence Address (Number and Street, City, State, Zip Code)

**1111 Elm Street, Suite 4, West Springfield, MA 01089**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

**Scuderi, Deborah**

Business or Residence Address (Number and Street, City, State, Zip Code)

**1111 Elm Street, Suite 4, West Springfield, MA 01089**



(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt .....	\$ 0	\$ 0
Equity .....	\$ 0	\$ 0
[ ] Common [ ] Preferred		
Convertible Securities (including warrants) .....	\$ 0	\$ 0
Partnership Interests .....	\$ 0	\$ 0
Other (Specify- Membership Units in a Limited Liability Company) .....	\$ 15,000,000	\$ 0
Total .....	\$ 15,000,000	\$ 0

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors .....	0	\$ 0
Non-accredited Investors .....	0	\$ 0
Total (for filings under Rule 504 only) .....	0	\$ 0

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505 .....	0	\$ 0
<u>Regulation A</u> .....	0	\$ 0
Rule 504 .....	0	\$ 0
Total .....	0	\$ 0

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees .....	<input checked="" type="checkbox"/>	\$ 10,000
Printing and Engraving Costs .....	<input checked="" type="checkbox"/>	\$ 250,000
Legal Fees .....	<input checked="" type="checkbox"/>	\$ 150,000
Accounting Fees .....	<input checked="" type="checkbox"/>	\$ 40,000
Engineering Fees .....	<input type="checkbox"/>	\$
Sales Commissions (specify finders' fees separately) .....	<input checked="" type="checkbox"/>	\$ 1,500,000
Other Expenses (identify) .....	<input type="checkbox"/>	\$
Total .....	<input checked="" type="checkbox"/>	\$ 1,950,000

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." ..... \$13,050,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees .....	<input checked="" type="checkbox"/> 1,100,000	<input checked="" type="checkbox"/> 2,193,000
Purchase of real estate .....	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Purchase, rental or leasing and installation of machinery and equipment .....	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Construction or leasing of plant buildings and facilities.....	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) .....	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Repayment of indebtedness .....	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Working capital .....	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 1,370,000
Other (specify): Prototype Engineering & Development	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 7,680,000
Patent Reserve	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 707,000
<hr/> Column Totals .....	<input checked="" type="checkbox"/> 1,100,000	<input checked="" type="checkbox"/> 11,950,000
Total Payments Listed (column totals added) .....	<input checked="" type="checkbox"/> \$1,305,000	

**D. FEDERAL SIGNATURE**

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) <b>Scuderi Group, LLC</b>	Signature <i>Salvatore Scuderi</i>	Date <i>2/22/05</i>
Name of Signer (Print or Type) <b>Salvatore C. Scuderi</b>	Title of Signer (Print or Type) <b>President/Manager</b>	

**ATTENTION**

**Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)**

**E. STATE SIGNATURE**

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? Yes No

.....  
See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.

3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.

4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) <b>Scuderi Group, LLC</b>	Signature <i>Salvatore Scuderi</i>	Date <i>2/22/05</i>
Name of Signer (Print or Type) <b>Salvatore C. Scuderi</b>	Title (Print or Type) <b>President/Manager</b>	