PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
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State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.: 63020
2. NAME OF CORPORATION: GREENMAN-PEDERSEN, INC.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 325 WEST MAIN STREET
CITY: BABYLON
STATE: N.Y.
ZIP CODE: 11702
4. BUSINESS PHONE NO.: 516-587-5060
5. STATE OF INCORPORATION: NEW YORK
6. SIC CODE: 7518
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND: ENGINEERING

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME: STEVEN B. GREENMAN
STREET ADDRESS: 325 WEST MAIN ST.
CITY: BABYLON
STATE: N.Y.
ZIP CODE: 11702

VICE PRESIDENT NAME: NONE
STREET ADDRESS:
CITY:
STATE:
ZIP CODE:

SECRETARY NAME: MICHAEL J. BUONCORE
STREET ADDRESS: 325 WEST MAIN ST.
CITY: BABYLON
STATE: N.Y.
ZIP CODE: 11702

TREASURER NAME: MICHAEL J. BUONCORE
STREET ADDRESS: 325 WEST MAIN ST.
CITY: BABYLON
STATE: N.Y.
ZIP CODE: 11702

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME: A. BEECHER GREENMAN
STREET ADDRESS: 325 WEST MAIN ST.
CITY: BABYLON
STATE: N.Y.
ZIP CODE: 11702

DIRECTOR NAME: MICHAEL J BUONCORE
STREET ADDRESS: 325 WEST MAIN ST.
CITY: BABYLON
STATE: N.Y.
ZIP CODE: 11702

DIRECTOR NAME: STEVEN B. GREENMAN
STREET ADDRESS: 325 WEST MAIN ST.
CITY: BABYLON
STATE: N.Y.
ZIP CODE: 11702

DIRECTOR NAME: RALPH D. CSOGI
STREET ADDRESS: 325 WEST MAIN ST.
CITY: BABYLON
STATE: N.Y.
ZIP CODE: 11702

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
30,000	COMMON	NONE	25,777	COMMON	NONE
2,000	PREFERRED	NONE			

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Michael J. Buoncore
Signature of Officer

MICHAEL J. BUONCORE
Print or Type Name of Officer

SECRETARY / TREASURER
Title of Officer

4/31/96
Date

File Date: 4/5/96
Check No: 4661
By: CP

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

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