



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2011**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 155391		2. Exact name of the Corporation Wozny/Barbar & Associates, Inc.			
3. Principal office address 1090 Washington Street			City Hanover	State MA	Zip 02339
4. Business Phone No. 781-826-4144			5. State of Incorporation Massachusetts		
6. Brief description of the character of business conducted in Rhode Island Consulting Engineers					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Zbigniew M. Wozny			Vice-President Name Fidaa E. Barbar		
Street Address One Olmsted Drive			Street Address 16 Dunbar Street		
City Hingham	State MA	Zip 02043	City Canton	State MA	Zip 02021
Secretary Name Greg Wozny			Treasurer Name Greg Wozny		
Street Address 16 Tower Brook Road			Street Address 16 Tower Brook Road		
City Hingham	State MA	Zip 02043	City Hingham	State MA	Zip 02043
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	common	0

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 STATE DIV

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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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 Representative

Date

08/07/2012

Zbigniew M. Wozny

or Type Name of Authorized Representative