

## Office of the Secretary of State - Division of Business Services Deads Teland (12904-2615 STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## 2008 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.	
Filling Fee: \$50 00 . FAU LIRE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25 00 PENALTY FI	: F

1. Entity ID No.		E THIS REPORT BY Note of the Corporation	IAHON 31 WILL HES	OCI III A \$23.00 FEITA		
85244	Commonw	ealth Dynamics, Inc.			2013	
3. Principal office address			City	State	حدد Zip	
95 Court Street			Portsmouth	NH	Zip A 03801	
4. Business Phone No.			5. State of incorporat			
603-433-6060			MA	,	وي	
6. Brief description of the	character of business	conducted in Rhode Island	<del>_</del>		-T3 -C	
Design of steel stacks					PH 3	
7. LIST ALL OFFICERS	NAMES AND ADDRI	ESSES) ("X" BOX FOR A	TTACHMENT)		<u> </u>	
President Name			Vice-President Name			
David A. Kanner						
Street Address			Street Address			
46 Ocean Blvd.						
City	State	Zíp	City	State	ZIp	
North Hampton	NH	03862				
Secretary Name	<u>, -, -, , , , , , , , , , , , , , , , ,</u>		Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zíp	
8. LIST ALL DIRECTORS	S (NAMES AND ADD	RESSES) ("X" BOX FOR	Director Name	<u> </u>		
Director Name David A. Kanner			Director ivame			
			Street Address			
Street Address 46 Ocean Blvd.	<u> </u>		Ollegt Address			
City North Hampton	State NH	Zip 03862	City	State	Zip	
Director Name	1		Director Name	· · · · · ·	1	
Street Address			Street Address			
					· · · · · · · · · · · · · · · · · · ·	
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is curre of State, Changes require	ently of record in the e an additional filing	Office of the Secretary	none			
See Section 9 of instruct						
This report must be exec	uted on behalf of the o	corporation by an authorize t be executed on behalf of	d representative. If the the corporation by the r	corporation is in the hands receiver or trustee.	of a receiver or trustee,	
File Date			Under penalty of paths report, including	erjury, i declare and affirn ng any accompanying sci	redules and statements,	
Check No		FILED	and that all statem	ents contained herein are	otrue and correct. 07/17/2013	
By:		<del></del>	<del></del>	ized Representative	07/17/2013 Date	
FOR SECRETARY OF S	STATE USE ONLY	AUG 0 9 2013	David A. Kanner			
Form No. 630 Revised: 01/2012	RV /	n 203556	Print or Type Name	of Authorized Representati	ive	

3:37