



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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 121900		2. Name of Corporation OSTRANDER CORPORATION	
3. Street Address Principal Business Office 35 MEDFORD STREET, SUITE 302		City SOMERVILLE	State MA
4. Business Phone No. 6178766854		5. State of Incorporation MASSACHUSETTS	6. SIC Code 59
7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION, BUILDING RENOVATIONS AND NEW CONSTRUCTION OF EDUCATIONAL AND COMMERCIAL PROPERTIES.			

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Michael P. Ostrander			Vice President Name .		
Street Address 28 Crystal Hill Terrace			Street Address .		
City Westwood	State MA	Zip 02090	City .	State .	Zip .
Secretary Name Michael P. Ostrander			Treasurer Name Michael P. Ostrander		
Street Address 28 Crystal Hill Terrace			Street Address 28 Crystal Hill Terrace		
City Westwood	State MA	Zip 02090	City Westwood	State MA	Zip 02090

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Michae P. Ostrander			Director Name .		
Street Address 28 Crystal Hill Terrace			Street Address .		
City Westwood	State MA	Zip 02090	City .	State .	Zip .
Director Name .			Director Name .		
Street Address .			Street Address .		
City .	State .	Zip .	City .	State .	Zip .

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMM NO PAR VALUE		-0-	common	no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date ED

Check No. 4 2005

By: By

FOR SECRETARY OF STATE USE ONLY

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 P. Ostrander 3/15/05
Signature of Officer Date
Michael P. Ostrander
Print or Type Name of Officer
President
Title of Officer