



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

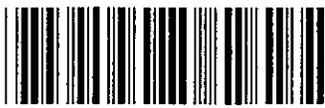
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 124300		2. Name of Corporation DESIGN ENGINEERING CONSULTANTS, INC.			
3. Street Address Principal Business Office 720 WASHINGTON ST OXFORD BLDG		City HANGOVER	State MA	Zip 02339	
4. Business Phone No. 781-826-4556		5. State of Incorporation MASSACHUSETTS			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF ENGINEERING					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name EDWARD J. DEMONE			Vice President Name		
Street Address 75 BLAKE RD			Street Address		
City WRENTHAM	State MA	Zip 02093	City	State	Zip
Secretary Name EDWARD J. DEMONE			Treasurer Name		
Street Address 75 BLAKE RD			Street Address		
City WRENTHAM	State MA	Zip 02093	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name EDWARD J. DEMONE			Director Name		
Street Address 75 BLAKE RD			Street Address		
City WRENTHAM	State MA	Zip 02093	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200,000 NO PAR VALUE			NONE ISSUED		

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



* 1 2 4 3 0 0 *

File Date: 5/12/04
Check No.: 3691
By: [Signature]

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.

Signature of Officer: [Signature] Date: 2/27/04
Print or Type Name of Officer: EDWARD J. DEMONE
Title of Officer: PRESIDENT