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

James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **8000**

2. Name of Corporation **DB Riley Inc.**

3. Street Address Principal Business Office 5 Neponset Street | *City* Worcester | *State* MA | *Zip* 01606

4. Business Phone No. (508) 852-7100

5. State of Incorporation **MASSACHUSETTS**

6. SIC Code 1883

7. Brief Description of the Character of Business Conducted in Rhode Island

Manufacture, sale and installation of steam generating equipment

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

President Name John J Halloran
Street Address 5 Neponset Street
City Worcester | *State* MA | *Zip* 01606

Vice President Name James S Brantl
Street Address 5 Neponset Street
City Worcester | *State* MA | *Zip* 01606

Secretary Name James S Brantl
Street Address 5 Neponset Street
City Worcester | *State* MA | *Zip* 01606

Treasurer Name John B Zicconi
Street Address 5 Neponset Street
City Worcester | *State* MA | *Zip* 01606

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

Director Name John J Halloran
Street Address 5 Neponset Street
City Worcester | *State* MA | *Zip* 01606

Director Name James S Brantl
Street Address 5 Neponset Street
City Worcester | *State* MA | *Zip* 01606

Director Name John B Zicconi
Street Address 5 Neponset Street
City Worcester | *State* MA | *Zip* 01606

Director Name
Street Address
City | *State* | *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,050,000	Common	3.00

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
365,121	Common	3.00

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

[redacted] [redacted]

8000

File Date: 2/19/99
Check No.: 120380
By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 2/11/99

John B. Zicconi
Print or Type Name of Officer

Treasurer
Title of Officer

Form 31 12/96