

Revised: 01/2012

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

2016

1. Entity ID No. 155075		2. Exact name of the Corporation Winter, Wyman Technology Contracting, Inc.				
3. Principal office address 880 Winter Street Suite 200			City Waltham	State MA	Zip 02451	
4. Business Phone No. 781-890-7000			5. State of Incorporation Massachusetts			
6. Brief description of the C Employment Servi		conducted in Rhode Island	1			
Marana managan		CHENTALIS NO THE	TYACHMENT) 🗵			
Scott Ragusa			Vice-President Name ∠EO Robert Boudreau			
Street Address 880 Winter Street Suite 200			Street Address 880 Winter Street Suite 200			
City Waltham	State MA	Zip 02451	City Waltham	State MA	Zip 02451	
Secretary Name Joan Melville			Treasurer Name David Melville			
Street Address 880 Winter Street Suite 200			Street Address 880 Winter Street Suite 200			
Oity Waltham	State MA	Zip 02451	City Waltham	State MA	Zip 02451	
Director Name	NAMES AND ADDR	ESSES) ("X" BOX FOR	ATITACHMENT)			
David Melville Street Address			Joan Melville Street Address			
880 Winter Street Suite 200			880 Winter Street Suite 200			
City Waltham	State MA	Zip 02451	City Waltham	State MA	Zip 02451	
Director Name			Director Name			
Street Address			Street Address			
Dity	State	Zip	City	State	Zip	
. SHARES AUTHORIZEI	5		10 SHARES ISSUED	("X",BOX FOR ATTACH	HMENT)	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
his information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		1,500		No		
This report must be exect	uted on behalf of the co	prporation by an authorize	d representative. If the c	corporation is in the hand	s of a receiver or trustee,	
File Pater Check No				Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statemen and that all statements contained herein are true and correct.		
By:	TATERIOE	JAN 2 9 2016	Signature of Authori	ار ا	Date	
orm No. 630				Print or Type Name of Authorized Representative		

Additional Officers:

William Diana - CFO

880 Winter Street Suite 200

Waltham Ma 02451

Joseph Klements- Asst Secretary

15 Broad Street

Stoughton, Ma 02109