

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. 2. Name of Corporation 135502 ART ENGINEERING CORPORATION 3. Street Address Principal Business Office State 76 WEBSTER STREET WORCESTER MA 01603 4. Business Phone No. 5. State of Incorporation 6. SIC Code 508-797-0333 **MASSACHUSETTS** 7286 7. Brief Description of the Character of Business Conducted in Rhode Island Provide Electrical Engineering Consulting and Design Services as deserve annux surventuring and annual President Name Vice President Name AZIM RAWJI Street Address Street Address 1 AVERY ROAD City State Zip City State Zip HOLDEN MΑ 01520 Secretary Name Treasurer Name ROBIN VAN LIEW AZIM RAWJI Street Address Street Address 1 AVERY ROAD .1 AVERY ROAD City State Zip *City State Zip HOLDEN MΑ 01520 . HOLDEN MΑ 01520 Kanariy 🗐 isto Director Name Director Name AZIM RAWJI Street Address Street Address 1 AVERY ROAD City State Zip •City State HOLDEN MA 01520 Director Name Director Name ROBIN VAN LIEW Street Address ·Street Address 1 AVERY ROAD City State Zip .City State Zip MΑ 01520 HOLDEN 11.73. 13 453455 **AUTHORIZED SHARES** ISSUED SHARES Par Value Number of Shares Number of Shares Class/Series Class/Series Par Value 200,000 COMM NO PAR VALUE 1,000 COMM NO PAR VALUE

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



Under penalty of perjury, I declare and affirm that I have examined
his report, including any accompanying schedules and statements
and that all statements contained herein are true and correct

11 2001 12

Azim S. Rawji
Print or Type Name of Officer

President

Title of Officer Form 630 12/01



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

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4. Business Phone No.		5. State of Incorpo	ration	necessaria e aparenti i para più ala appiri	6. SIC Code
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7. Brief Description of the Cha TO PROVIDE ELECTRI			G SERVICES.		
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS ("X" BOX FO	R <i>attachment</i>) □ fill in si	ACES BEFORE USING AT	TACHMENTS
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Director Name		•	Director Name		
ROBIN VAN LIEW			NONE		
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his report must be sign	ied in ink by eithe	er the President, Vio	ce President, Secretary, Assi	stant Secretary, Treast	urer, Receiver or S

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, *135502 FBC 02/09/04 12:53:37 PM* Check No. FOR SECRETARY OF STATE USE ONLY

and that all statements contained herein are true and correct. Form 630 12/01