



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. 45508		2. Name of Corporation Aetna Corp.	
3. Street Address Principal Business Office 175 BROOKLINE STREET		City CAMBRIDGE	State MA
4. Business Phone No. (617) 491-4700		5. State of Incorporation MASSACHUSETTS	6. SIC Code 273
7. Brief Description of the Character of Business Conducted in Rhode Island LIGHTING MAINTENANCE			

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input type="checkbox"/>					
President Name JOSEPH B. OCCHINO			Vice President Name C. CHARLES OCCHINO		
Street Address 47 WAVERLY STREET			Street Address 965 BROOK ROAD		
City BELMONT	State MA	Zip 02478	City MILTON	State MA	Zip 02186
Secretary Name JOANNE OCCHINO			Treasurer Name C. CHARLES OCCHINO		
Street Address 965 BROOK ROAD			Street Address 965 BROOK ROAD		
City MILTON	State MA	Zip 02186	City MILTON	State MA	Zip 02186

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input type="checkbox"/>					
Director Name JOSEPH B. OCCHINO			Director Name C. CHARLES OCCHINO		
Street Address 47 WAVERLY STREET			Street Address 965 BROOK ROAD		
City BELMONT	State MA	Zip 02478	City MILTON	State MA	Zip 02186
Director Name NONE			Director Name NONE		
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
500	\$1.00 PAR VALUE		500	A/N/A	\$1

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



4 5 5 0 8

File Date	<u>2-10-05</u>
Check No.	<u>9793</u>
By:	<u>CS</u>
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.

C. Charles Occhino 2-9-05
Signature of Officer Date
C. CHARLES OCCHINO
Print or Type Name of Officer
VICE-PRESIDENT
Title of Officer



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. 45508		2. Name of Corporation Aetna Corp.			
3. Street Address Principal Business Office 175 Brookline St.			City Cambridge	State MA	Zip 02186
4. Business Phone No. 617-491-4700		5. State of Incorporation MASSACHUSETTS			6. SIC Code 273
7. Brief Description of the Character of Business Conducted in Rhode Island LIGHTING MAINTENANCE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph B. Occhino			Vice President Name C. Charles Occhino		
Street Address 47 Waverly St.			Street Address 965 Brook Rd.		
City Belmont	State MA	Zip 02478	City Milton	State MA	Zip 02186
Secretary Name Joanne Occhino			Treasurer Name C. Charles Occhino		
Street Address 965 Brook Rd.			Street Address 965 Brook Rd.		
City Milton	State MA	Zip 02186	City Milton	State MA	Zip 02186
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph B. Occhino			Director Name C. Charles Occhino		
Street Address 47 Waverly St.			Street Address 965 Brook Rd.		
City Belmont	State MA	Zip 02478	City Milton	State MA	Zip 02186
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
500	\$1.00 PAR VALUE		500	A/N/A	\$1

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



* 4 5 5 0 8 *

File Date 2-17-04
Check No. 9389
By: ICP
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 hereon are true and correct.

C. Charles Occhino 2/13/04
Signature of Officer Date
C. Charles Occhino
Print or Type Name of Officer
Vice-President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

45508 Aetna Corp.

3. Street Address Principal Business Office

175 BROOKLINE St.

City

CAMBRIDGE

State

MA

Zip

02139

4. Business Phone No.

617-491-4700

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

273

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

LIGHTING MAINTENANCE

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

President Name

JOSEPH B. OCCHINO

Vice President Name

C. CHARLES OCCHINO

Street Address

47 WAVERLY ST.

Street Address

94 AUDUBON RD.

City

BELMONT

State

MA

Zip

02478

City

MILTON

State

MA

Zip

02186

Secretary Name

JOANNE OCCHINO

Treasurer Name

C. CHARLES OCCHINO

Street Address

94 AUDUBON RD.

Street Address

94 AUDUBON RD.

City

MILTON

State

MA

Zip

02186

City

MILTON

State

MA

Zip

02186

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

Director Name

JOSEPH B. OCCHINO

Director Name

C. CHARLES OCCHINO

Street Address

47 WAVERLY ST.

Street Address

94 AUDUBON RD.

City

BELMONT

State

MA

Zip

02478

City

MILTON

State

MA

Zip

02186

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500		\$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
500	A N/A	\$1

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



* 4 5 5 0 8 *

File Date: 2/12/03

Check No.: 8834

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 information contained herein is true and correct.

[Signature] 2/10/03
Signature of Officer Date

C. CHARLES OCCHINO

Print or Type Name of Officer

VICE-PRESIDENT

Title of Officer

5



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **45508** 2. Name of Corporation **Aetna Corp.**
3. Street Address Principal Business Office **175 Brookline street** City **Cambridge** State **MA** Zip **02139-4596**
4. Business Phone No. **617-491-4700** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **273**
7. Brief Description of the Character of Business Conducted in Rhode Island
Lighting Maintenance

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

President Name Joseph B. Occhino Street Address 47 Waverly St. City Belmont State MA Zip 02478	Vice President Name C. Charles Occhino Street Address 94 Audubon Rd. City Milton State MA Zip 02186
Secretary Name Joanne Occhino Street Address 94 Audubon Rd. City Milton State MA Zip 02186	Treasurer Name C. Charles Occhino Street Address 94 Audubon Rd. City Milton State MA Zip 02186

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

Director Name Joseph B. Occhino Street Address 47 Waverly St. City Belmont State MA Zip 02478	Director Name C. Charles Occhino Street Address 94 Audubon Rd. City Milton State MA Zip 02186
Director Name Street Address City State Zip	Director Name Street Address City State Zip

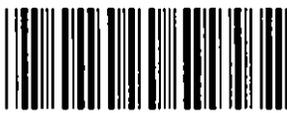
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
500 \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
500 A N/A \$1

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



* 4 5 5 0 8 *

File Date: 2/20/02
Check No.: 8382
By: [Signature]

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: 2/13/02
C. Charles Occhino
Vice-President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **45508** 2. Name of Corporation **Aetna Corp.** *****DOING BUSINESS IN STATE UNDER FICTITIOUS NAME****
 3. Street Address Principal Business Office **175 BROOKLINE ST.** City **CAMBRIDGE** State **MA** Zip **02139-4596**
 4. Business Phone No. **(617) 491-4700** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **273**

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

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

President Name JOSEPH B. OCCHINO Street Address 47 WAVERLY ST. City BELMONT State MA Zip 02478	Vice President Name C. CHARLES OCCHINO Street Address 94 AUDUBON RD. City MILTON State MA Zip 02186
Secretary Name JOANNE OCCHINO Street Address 94 AUDUBON RD. City MILTON State MA Zip 02186	Treasurer Name Street Address City State Zip

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

Director Name JOSEPH B. OCCHINO Street Address 47 WAVERLY ST. City BELMONT State MA Zip 02478	Director Name C. CHARLES OCCHINO Street Address 94 AUDUBON RD. City MILTON State MA Zip 02186
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
500	A N/A	\$1

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
500	A N/A	\$1

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



* 4 5 5 0 8 *

File Date: 2/21
 Check No.: 4828
 By: [Signature]

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] 2/19/01
 Signature of Officer Date

C. CHARLES OCCHINO

Print or Type Name of Officer

VICE-PRESIDENT

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **45508** 2. Name of Corporation **Aetna Corp.** *****DOING BUSINESS IN STATE UNDER FICTITIOUS NAME*****

3. Street Address Principal Business Office **175 BROOKLINE ST.** City **CAMBRIDGE** State **MA** Zip **02139-4596**

4. Business Phone No. **(617) 491-4700** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **273**

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

LIGHTING MAINTENANCE

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

<p>President Name JOSEPH B. OCCHINO</p> <p>Street Address 47 WAVERLY ST.</p> <p>City State Zip BELMONT MA 02478</p> <p>Secretary Name BARBARA S. CASTANHEIRA</p> <p>Street Address 168 FENNO ST.</p> <p>City State Zip REVERE MA 02151</p>	<p>Vice President Name C. CHARLES OCCHINO</p> <p>Street Address 94 AUDUBON RD.</p> <p>City State Zip MILTON MA 02186</p> <p>Treasurer Name</p> <p>Street Address</p> <p>City State Zip</p>
--	---

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

<p>Director Name JOSEPH B. OCCHINO</p> <p>Street Address 47 WAVERLY ST.</p> <p>City State Zip BELMONT MA 02478</p> <p>Director Name</p> <p>Street Address</p> <p>City State Zip</p>	<p>Director Name C. CHARLES OCCHINO</p> <p>Street Address 94 AUDUBON RD.</p> <p>City State Zip MILTON MA 02186</p> <p>Director Name</p> <p>Street Address</p> <p>City State Zip</p>
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
500	A N/A	\$1

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
500	A N/A	\$1

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



* 4 5 5 0 8 *

File Date: 2/22/00

Check No.: 7271

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] 2/21/00
Signature of Officer Date

C. CHARLES OCCHINO
Print or Type Name of Officer

VICE-PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 45508		2. Name of Corporation Aetna Corp. ****DOING BUSINESS IN STATE UNDER FICTITIOUS NAME**			
3. Street Address Principal Business Office 175 BROOKLINE STREET			City CAMBRIDGE	State MA	Zip 02139-4596
4. Business Phone No. (617) 491-4700		5. State of Incorporation MASSACHUSETTS		6. SIC Code 273	
7. Brief Description of the Character of Business Conducted in Rhode Island LIGHTING MANAGEMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSEPH B. OCCHINO			Vice President Name C. CHARLES OCCHINO		
Street Address 47 WAVERLY ST.			Street Address 94 AUDUBON RD.		
City BELMONT	State MA	Zip 02178	City MILTON	State MA	Zip 02186
Secretary Name BARBARA S. CASTANHEIRA			Treasurer Name		
Street Address 168 FENNO ST.			Street Address		
City REVERE	State MA	Zip 02151	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 JOSEPH B. OCCHINO			Director Name C. CHARLES OCCHINO		
Street Address 47 WAVERLY ST.			Street Address 94 AUDUBON RD.		
City BELMONT	State MA	Zip 02178	City MILTON	State MA	Zip 02186
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
500	A/N/A	\$1	500	A N/A	\$1

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



* 4 5 5 0 8 *

File Date: 2/22/99
Check No.: 0779
By: JD

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 disclosures contained herein are true and correct.

Signature of Officer: [Signature] Date: 2/18/99
C. CHARLES OCCHINO
Print or Type Name of Officer
VICE-PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **45508** 2. Name of Corporation **Aetna Corp. ****DOING BUSINESS IN STATE UNDER FICTITIOUS NAME*****
3. Street Address Principal Business Office **175 BROOKLINE STREET** City **CAMBRIDGE** State **MA** Zip **02139-4596**
4. Business Phone No. **(617) 491-4701** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **0273**

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

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name JOSEPH B. OCCHINO Street Address 47 WAVERLY ST. City State Zip BELMONT MA 02178 Secretary Name BARBARA S. BABSON Street Address 168 FENNO ST. City State Zip REVERE MA 02151	Vice President Name C. CHARLES OCCHINO Street Address 94 AUDUBON RD. City State Zip MILTON MA 02186 Treasurer Name Street Address City State Zip
--	---

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name JOSEPH B. OCCHINO Street Address 47 WAVERLY ST. City State Zip BELMONT MA 02178	Director Name C. CHARLES OCCHINO Street Address 94 AUDUBON RD. City State Zip MILTON MA 02186
---	---

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	500	A N/A	\$1

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	500	A N/A	\$1

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



File Date: 2.17.98
Check No.: 6281
By: ICP
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.

C. Charles Occhino 2/12/98
Signature of Officer Date
C. CHARLES OCCHINO
Print or Type Name of Officer
VICE-PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **45508** 2. Name of Corporation **Aetna Corp. ****DOING BUSINESS IN STATE UNDER FICTITIOUS NAME*****

3. Street Address Principal Business Office **175 BROOKLINE ST.** City **CAMBRIDGE** State **MA** Zip **02139-4596**

4. Business Phone No. **(617) 491-4700** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **0273**

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

LIGHTING MANAGEMENT

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name JOSEPH B. OCCHINO	Vice President Name C. CHARLES OCCHINO
Street Address 47 WAVERLY ST.	Street Address 94 AUDUBON RD.
City BELMONT State MA Zip 02178	City MILTON State MA Zip 02186
Secretary Name BARBARA S. BABSON	Treasurer Name
Street Address 168 FENNO ST.	Street Address
City REVERE State MA Zip 02151	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name JOSEPH B. OCCHINO	Director Name C. CHARLES OCCHINO
Street Address 47 WAVERLY ST.	Street Address 94 AUDUBON RD.
City BELMONT State MA Zip 02178	City MILTON State MA Zip 02186
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	A N/A	\$1	500	A N/A	\$1

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



File Date: 2/11/97
Check No.: 5744
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] 2/8/97
Signature of Officer Date
C. CHARLES OCCHINO
Print or Type Name of Officer
VICE-PRESIDENT
Title of Officer

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 45508		2. NAME OF CORPORATION Aetna Corp. ****DOING BUSINESS IN STATE UNDER FI	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 175 BROOKLINE STREET		CITY CAMBRIDGE	STATE MA
		ZIP CODE 02139-4596	
4. BUSINESS PHONE NO. (617) 491-4700	5. STATE OF INCORPORATION MASSACHUSETTS		6. SIC CODE 0273
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED BY RHODE ISLAND LIGHTING MANAGEMENT			

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME JOSEPH B. OCCHINO			VICE PRESIDENT NAME C. CHARLES OCCHINO		
STREET ADDRESS 47 WAVERLY STREET			STREET ADDRESS 94 AUDUBON ROAD		
CITY BELMONT	STATE MA	ZIP CODE 02178	CITY MILTON	STATE MA	ZIP CODE 02186
SECRETARY NAME BARBARA S. BABSON			TREASURER NAME NONE		
STREET ADDRESS 168 FENNO STREET			STREET ADDRESS		
CITY REVERE	STATE MA	ZIP CODE 02151	CITY	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME JOSEPH B. OCCHINO			DIRECTOR NAME C. CHARLES OCCHINO		
STREET ADDRESS 47 WAVERLY STREET			STREET ADDRESS 94 AUDUBON ROAD		
CITY BELMONT	STATE MA	ZIP CODE 02178	CITY MILTON	STATE MA	ZIP CODE 02186
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
500	A N/A	\$1	500	A N/A	\$1

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 this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

C. Charles Occhino
Signature of Officer

C. CHARLES OCCHINO
Print or Type Name of Officer

VICE-PRESIDENT
Title of Officer

1/2/96
Date

File Date: 1/4/96
Check No: 5120
By: *cc-fop*
For Secretary of State Use Only



ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0045508 Annual Report for the year: 1995

Name of Corporation: Aetna Corp. ****DOING BUSINESS IN STATE UNDER FI

Business entity organized under the laws of the State of: MA

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:
175 BROOKLINE STREET
CAMBRIDGE MA 02139-4596

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: (617) 491-4700

Brief statement of the character of business conducted in Rhode Island:
LIGHTING MANAGEMENT

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Phone: ()

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
JOSEPH B. OCCHINO	47 WAVERLEY STREET	BELMONT, MA	02178
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
C. CHARLES OCCHINO	94 AUDUBON ROAD	MILTON, MA	02186
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
BARBARA S. BABSON	168 FENNO STREET	REVERE, MA	02151
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
JOSEPH B. OCCHINO	47 WAVERLEY STREET	BELMONT, MA	02178
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
C. CHARLES OCCHINO	94 AUDUBON ROAD	MILTON, MA	02186

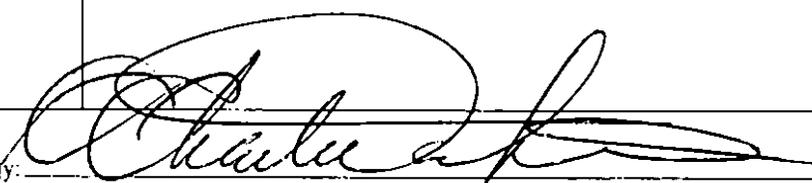
NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
500	A N/A

Number of Shares	Class / Series
500	B N/A

Date JANUARY 9, 19 95

By: 
C. CHARLES OCCHINO

PRINT OR TYPE NAME OF OFFICER SIGNING
Vice President

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

PRENTICE-HALL CORP SYSTEM
170 WESTMINSTER STREET, SUITE 900
PROVIDENCE RI 02903

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT *5/29/94*
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277 3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0045508 Annual Report for the year: 1994

Name of Business Entity: Aetna Corp. *****DOING BUSINESS IN STATE

Business entity organized under the laws of the State of MA

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

175 BROOKLINE STREET

CAMBRIDGE, MA 02139-4596

Phone: (617) 491-4700

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

Phone: _____

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1-1)
- Professional Service Corporation (See RIGL Chapter 7-5-1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

C. CHARLES OCCHINO

VICE PRESIDENT

175 BROOKLINE STREET

CAMBRIDGE, MA 02139-4596

Brief statement of the character of business conducted in Rhode Island:

LIGHTING MANAGEMENT

Date of Organization: MARCH 29, 1961

Date of Qualification to do business in Rhode Island (if foreign entity):
JANUARY 4, 1988

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input type="checkbox"/> PRESIDENT (Check One) <u>JOSEPH B. OCCHINO</u>	<u>47 WAVERLEY ST.</u>	<u>BELMONT, MA</u>	<u>02178</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One) <u>C. CHARLES OCCHINO</u>	<u>94 AUDOBON RD.</u>	<u>MILTON, MA</u>	<u>02186</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One) <u>BARBARA S. BABSON</u>	<u>168 FENNO ST.</u>	<u>REVERE, MA</u>	<u>02151</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>JOSEPH B. OCCHINO</u>	<u>47 WAVERLEY ST.</u>	<u>BELMONT, MA</u>	<u>02178</u>
<u>C. CHARLES OCCHINO</u>	<u>94 AUDOBON RD.</u>	<u>MILTON, MA</u>	<u>02186</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)
NUMBER 500
CLASS A
SERIES N/A
PAR VALUE OR WITHOUT PAR NO PAR VALUE

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 500
CLASS B
SERIES N/A
PAR VALUE OR WITHOUT PAR NO PAR VALUE

3
FEB 04 1994
SECY OF STAT

Date FEBRUARY 2, 1994

By: 

C. CHARLES OCCHINO
PRINT OR TYPE NAME OF OFFICER SIGNING
VICE PRESIDENT
TITLE OF OFFICER SIGNING

Form 31 1994
DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

Filing Fee \$50.00

4456713

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0045508..... Annual Report for the year.....1993.....

FIRST: The name of the corporation is.....Aetna Corp.....~~***ADDING BUSINESS IN STAT~~

SECOND: It is incorporated under the laws of.....MASSACHUSETTS.....

THIRD: Character of business, briefly stated, is.....LIGHTING MAINTENANCE
SERVICE CO., DOING ROUTINE ROUTE MAINTENANCE IN R.I.....

FOURTH: If foreign corporation, address of its principal office.....175 BROOKLINE ST.
CAMBRIDGE, MA 02139.....

FIFTH: Business address in Rhode Island.....PRATTICE HALL CORP. SYSTEM
SUITE 3-A 101 DYER ST PROVIDENCE, RI 02903.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director
JOSEPH OCCHINO	Director	47 WAVERLY ST BELMONT, MA 02178
C. CHARLES OCCHINO	Director	(SEE BELOW)
JOSEPH OCCHINO	President	(SEE ABOVE)
C. CHARLES OCCHINO	Vice President	(SEE BELOW)
THOMAS C. WRIGHT	Secretary	35 TENNYSON RD READING, MA 01867
C. CHARLES OCCHINO	Treasurer	94 AUDUBON RD MILTON, MA 02186

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series
250,000	Common	

Par Value
or statement that
shares are without
par value
.01

PAID

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series
200	Common	

Par Value
or statement that
shares are without
par value
.01

FEB 03 1993
SECY OF STATE

Dated.....January 27 1993.....

Aetna Corp
(Name of Corporation)

By.....Charles.....

Title.....V.P.....

(Report must be signed by an officer)

Filing Fee \$50.00

3767

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0045502..... Annual Report for the year.....1992.....

FIRST: The name of the corporation is.....Aetna Corp.....**ADDING BUSINESS IN STA

SECOND: It is incorporated under the laws of.....MASSACHUSETTS.....

THIRD: Character of business, briefly stated, is.....LIGHTING MAINTENANCE Service Co.
Doing Routine Route MAINTENANCE IN RI.....

FOURTH: If foreign corporation, address of its principal office.....175 Brookline ST
CAMBRIDGE, MA 02139.....

FIFTH: Business address in Rhode Island.....Prattice Hall Corp System Suite 3-A
101 Dyer ST Providence RI 02903.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Joseph Occhino	Director	47 Waverly St Belmont MA 02178
C. CHARLES Occhino	Director	See Below
JOSEPH Occhino	President	See Above
C. CHARLES Occhino	Vice President	See Below
THOMAS C WRIGHT	Secretary	35 Tennyson Rd Reading MA 01867
C. CHARLES Occhino	Treasurer	94 Auduborn Rd Milton MA 02187

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
250,000	Common		.01

Rec'd & Filed FEB 26 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		.01

Dated 2/21 1992

AETNA CORPORATION
(Name of Corporation)

By Thomas C Wright

Title Secretary

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

MYC

Corporate ID 0045508 Annual Report for the year 1991

FIRST: The name of the corporation is Aetna Corp. ***ADDING BUSINESS IN STA

SECOND: It is incorporated under the laws of MASSACHUSETTS

THIRD: Character of business, briefly stated, is Lighting maintenance Services and energy efficient lighting projects.

FOURTH: If foreign corporation, address of its principal office 175 BROOKLINE ST CAMBRIDGE MA 02139

FIFTH: Business address in Rhode Island The Prentice Hall Corporation System Inc Suite 3-A 101 Dyer St Providence, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
JOSEPH OCCHINO	Director	47 WAVERLY ST Belmont Ma 02178
C. CHARLES OCCHINO	Director	94 Audubon Rd Milton Ma 02187
Joseph OCCHINO	President	47 Waverly St Belmont Ma 02178
C. CHARLES OCCHINO	Vice President	94 AUDUBON RD MILTON MA 02187
THOMAS WRIGHT	Secretary	35 Tennyson Rd READING MA 01867
C. CHARLES OCCHINO	Treasurer	94 Audubon Rd Milton Ma 02187

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	A	PAID	No PAR
500	B	AUG 1 st 1991	No PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	A		No PAR

Dated 3/1 1991

AETNA CORPORATION INC
(Name of Corporation)

By Thomas C Wright

Title Secretary

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

mjc
State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0045508 Annual Report for the year 1990

FIRST: The name of the corporation is Aetna Corp. ****DOING BUSINESS IN STATE

SECOND: It is incorporated under the laws of MASSACHUSETTS

THIRD: Character of business, briefly stated, is LIGHTING MAINTENANCE SERVICES
AND ENERGY EFFICIENT LIGHTING PROJECTS.

FOURTH: If foreign corporation, address of its principal office 175 BROOKLINE ST
CAMBRIDGE MA 02139

FIFTH: Business address in Rhode Island THE PRENTICE HALL CORPORATION SYSTEM INC
SUITE 3-A 101 DYER ST PROVIDENCE RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
<u>Joseph B. Occhino</u>	Director	<u>47 Waverly St Belmont Ma 02178</u>
<u>C. Charles Occhino</u>	Director	<u>94 Audubon Rd Milton Ma. 02187</u>
<u>JOSEPH B. OCCHINO</u>	President	<u>47 WAVERLY ST Belmont Ma 02178</u>
<u>C. CHARLES OCCHINO</u>	Vice President	<u>94 Audubon Rd Milton MA 02187</u>
<u>THOMAS C WRIGHT</u>	Secretary	<u>35 Tennison Rd Reading Ma 01867</u>
<u>C. CHARLES OCCHINO</u>	Treasurer	<u>Same as above</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>500</u>	<u>A</u>	<u>PAID</u>	<u>NO PAR</u>
<u>500</u>	<u>B</u>		<u>NO PAR</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>A</u>	<u>SEC'Y OF STATE</u>	<u>NO PAR</u>

Dated 8/9 19 91

AETNA CORP.
(Name of Corporation)

By Thomas C Wright
Title Secretary

(Report must be signed by an officer)

Form 31 1/85

PRENTICE HALL CORP SYSTEM
SUITE 3-A, 101 DYER STREET
PROVIDENCE RI 02903

Filing Fee \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0045508 Annual Report for the year 1989

FIRST: The name of the corporation is Aetna Corp. ****ADDING BUSINESS IN STATE

SECOND: It is incorporated under the laws of MASSACHUSETTS

THIRD: Character of business, briefly stated, is LIGHTING MAINTENANCE SERVICES AND ENERGY EFFICIENT LIGHTING PROJECTS

FOURTH: If foreign corporation, address of its principal office 175 BROOKLINE ST CAMBRIDGE, MA 02139

FIFTH: Business address in Rhode Island THE PRENTICE HALL CORPORATION SYSTEM INC SUITE 3-A 101 DYER ST PROVIDENCE RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name Office Address (including number, street, zip code)

Joseph Occhino Pres. Director 47 WAVERLY ST Belmont Ma. 02178

C. CHARLES Occhino V.P. Director 94 AUDUBON RD Milton Ma. 02187

Director

Joseph Occhino President 47 WAVERLY ST Belmont Ma 02178

C. CHARLES Occhino Vice President 94 Audubon Rd Milton Ma. 02187

THOMAS WRIGHT Secretary 35 Tennyson Rd Reading Ma 01867

Same as above Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	A	PAID	No PAR
500	B	AUG 13 1991	No PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	A	SEC'Y OF STATE	No PAR

Dated 8/9 19 91

AETNA CORP.
(Name of Corporation)

By Thomas C Wright

Title Secretary

(Report must be signed by an officer)