Form 630 12/01



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. Name of Corporation 1. Corporate ID No. Acom Consulting Engineers, Inc. 135508 Zip 3. Street Address Principal Business Office City State CT 244 FARMS VILLAGE ROAD, P.O. BOX 311 WEST SIMSBURY 06092-5. State of Incorporation 6. SIC Code 4. Business Phone No. 8606511949 CONNECTICUT 7. Brief Description of the Character of Business Conducted in Rhode Island CONSULTING ENGINEERING PRACTICING MECHANICAL AND ELECTRICAL BUILDING SYSTEM DESIGN 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL, IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name None M. Mark Gendron Street Address Street Address 23 Crystal Drive State Zip City State City Ziσ Southwick MA 01077 Treasurer Name Secretary Name M. Mark Gendron Thomas A. Stanziale Street Address Street Address 15 Harold Street .23 Crystal Drive City State Zio City State Zip 01077 CT 06109 . Southwick MΑ Wethersfield 9. NAMES AND ADDRESSES OF THE DIRECTORS" ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS" Director Name Director Name M. Mark Gendron Thomas A. Stanziale Street Address Street Address 15 Harold Street 23 Crystal Drive State Zip Cirv State Zip ·City Wethersfield CT 06109 Southwick ΜA 01077 Director Name Director Name None None Street Address · Street Address .Cin Zip City State State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT).-AUTHORIZED SHARES ISSUED SHARES Class/Series Par Vahie Number of Shares Class/Series Par Value Number of Shares 1,000 NO PAR VALUE 1000 Common n 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 apy accompanying schedules and statements
135508 FBC 01/15/05 08:39:27 PM	and that all statements contained herein are true and correct.
File Date FILED	11/1/1 420/85
Check No. FEB 2 4 2005 502	Signature y Officer Date Date M. Mark Gendron
By: By A	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President Title of Officer Form



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

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PROFIT	CORPORATION	ANNUAL REPORT	FOR THE YEAR 2004

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FORM MUST BE TYPED						
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3. Street Address Principal L		Trigineers, inc.	TCity	State	17/-	
244 Farms Villa		y 311	West Simsbury	CT	<i>Zip</i> 06092	
4. Business Phone No.	- Roda, Po Bo	5. State of Incorporate			6. SIC Code	
860-651-1949		Connecticut	ion.		o. Sic. Code	
7. Brief Description of the C	haracter of Business Cond	ducted in Rhode Island				
CONSULTING ENGINE	BRING PRACTICING	G MECHANICAL AND	ELECTRICAL BUILDING SY	STEM DESIGN		
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS ("X" BOX FOR A	TTACHMENT) PILL IN SPAC	ES BEFORE USING AT	TACHMENTS.	
President Name	•		Vice President Name		,	
W. Mark Gendron		· -				
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Secretary Name Thomas A. Stan	21010		Treasurer Name			
	71916		. W. Mark Gendro	<u>n</u>		
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W. Mark Gendron			· ·			
Street Address	· · · ·	· · · · · · · · · · · · · · · · · · ·	Thomas A. Stanziale			
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Check No. 4519			• , ~	_	Pat e	
11		-	W. Mark Ger			
B_{V_i} \bigcup_{i}			Print or Type Name of O	yıcer		
-	ATE HER ONLY	-	President			
FOR SECRETARY OF ST	ALE USE UNLY		Title of Officer		Form 630 12/01	