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PROFIT CORPORATION	I ANNUAL REPORT	FOR I	HE YEAK	
Filing Period: January 1 - March 1 .	Filing Fee: \$50.00			
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FORM MUST BE TYPED I	N BLACK)	· ·		····	
I. Corporate ID No.	2. Name of Corp		•		
108409	SITE ENG	INEERING INC.			
3. Street Address Principal B	usiness Office		City	State	Zip
COLT PLAZA, UNI	T 7, 490 META		BRISTOL	RI	02809-
4. Business Phone No.		5. State of Incorpora			6. SIC Code
4012538231		RHODE ISLA	ND		7518
7. Brief Description of the Cl ENGINEERING SERVI	haracter of Business Co CES	onducted in Rhode Island			
			ATTACHMENT) FILL IN		ATTACHMENTS
RON TI	homas 1	Blanchar	d .	NA	
	lif Ton	NE	Street Address	<u> </u>	
Ciry Bristo L	State R I	2ip 0280	9 :City	State	Zip
Secretary Name			Treasurer Name	A	
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDR	ESSES OF THE D	RECTORS ("X" BOX FO	OR ATTACHMENT) FILL. Director Name	IN SPACES BEFORE USIN	IGATTACIIMENTS
			S-add		
Sireet Address			Street Address		
City	State	Zip	•City	State	Zip
Director Name			Director Name	,,,,,,,,,,,,	: 1 L
Sireet Address			Street Address		₩ _E
City	State	Zip	City	State	Zip
10. SHARES AUTHOR	RIZED ("X" BOX FO	ORATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHM	ENT)
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALL			None		
This report must be si	gned in ink by ei	ther the President, Vic	l ce President, Secretary, A	ssistant Secretary, Tre	asurer, Receiver or Trust
	., , , , ,				
91 11 811 10 11					
			Under penalty o	f perjury, I declare and affi	rm that I have examined
			this report, inclu	iding any accompanying someons contained herein ag	chedules and statements.
*108409 DB 3- 08 3	1 95 2 23:50 PM	ν-	and that all state An	Menis contained herein as	erel 10/13/0
File Date	1 2005		Signature of Office	- Blanch	Date
Check No.	1 2 0 1 G		R 6 A		ard
By IV	य स्माल्ह		م (گر	esiden	Γ
FOR SECRETARY OF ST	TATE USE ONLY	DAY L	Title of Officer		Form 630 12



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

PROFIT CORPOI Filing Period: January 1 - M (FORM MUST BE TYPED OR PRIN	larch I 🔹 Filin		Γ FOR THE YEA	AR20	04
1. Corporate ID No.	2. Name of Corporation				
108409	SITE ENGINEER				
3. Street Address Principal Business (Colt Plaza, U		Metacom Ave	Bristol	State R I	<i>Ζφ</i> 02809
4 Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 253-8	231	RHODE ISLAND			7518
7. Brief Description of the Chamcter ENGINEERING SERVICE		Rhode Island			
8. NAMES AND ADDRESSES	OF THE OFFICERS	: ("X" BOX FOR ATTA	CHMENT) FILL IN	SPACES BEFORE USI	NG ATTACHMENTS
President Name		·	Vice President Name		
Ron Thomas	s Blanchard		N/A		
Street Address 18 Clifton	Road		Street Address		
City Bristol	State R I	Zip 02809	City	State	Zíp
Secretary Name	.1		Treasurer Name		J
,,,,_,,,			N/A		
Street Address			Stroet Address	-	
City	State	Zip	City	State	Zip
					
9. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	RS: ("X" BOX FOR AT	TACHMENT) TILL IS Director Name	N SPACES BEFORE US	SING ATTACHMENTS
Sirect Address	-		Street Address		
City	State	Zip	City	State	Zip
Director Name	.1	.J	Director Name		
Street Address					
The Control Materials			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	 ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTAC	 CHMENT)
AUTHORIZED SHARES	<u> </u>		ISSUED SHARES		
Number of Shares	Class/Scrics	Par Value	Number of Shares	Class/Sertes	Par Value
8,000 NO PAR VALUE			None		
	_				
This report must be s	signed in ink by cith	er the President, Vice P	resident, Secretary, Assista	nt Secretary, Treasurer	r, Receiver or Trustee
					that I have examined this report
3/10/00	.u.s.40.9 . ß	*	contained herein are		tatements, and that all statement
File Date 015105			Simon of Office		
Check No. 1931			Signature of Officer Ron Bla	nchard	Date
Pr			Print or Type Name of		
By:			Preside	-	
ECON SECRETARY OF STA	TE HER ONLY		1163106	1.0 40	

Title of Officer



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

Matthew A. Brown, Secretary of State

Corporations Div 100 Nonb Main 5 Providence, RI 02903-; 401.222.

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

I. Corpurate ID No.	2. Name of Corpo	ration			,	
88582	Site Engine	ering Consultants, Inc	C .	<i>:</i>	•	
3. Street Address Principal Bus	siness Office		City	State	Zíp	
55 Grape Shot Road		·	Sharon	MA	02067	
4. Business Phone No.		5. State of Incorpor	ration		6. SIC Code .	
<u>-,</u>		MASSACHU	ISFITS		7518	
7. Brief Description of the Cha TO PROVIDE CIVA	racter of Business Conducte L ENGINEERING CON	ed in Rhode Island SULTING AND DESIG		OPMENT RELATED PROJ	<u> </u>	
8: NAMES AND ADDRE	SSES OF THE OFFICE	ERST 2CX BOX FOR	ATTACHMEND) (4) STILL	NISPACES BEFORE USIN	GATTACHMENTS ::	
President Name			Vice President Name	emon materials and any over the material to a 12th and while a	na Mara Nataria de Labor, que maio e a un estido de Período (de Período) de	
Anthony Stella			Leah Stella			
Street Address			Street Address			
55 Grape Shot Road			55 Grape Shot Road	<u>l</u>		
City	State	Ζφ	Cliy	State	Zip	
Sharon	MA	02067	Sharon	MA	02067	
Sucretary Name			Treasurer Name			
Leah Stella	· <u></u> -		Anthony Stella			
Street Address			•	Street Address		
55 Grape Shot Road				55 Grape Shot Road		
City Sharon	State	2φ 02067	City	Sizie	Zip	
9. NAMES/AND ADDRE	MA		Sharon	MA	02067	
Director Name	SOLD OF THE DAKE	HORSE GAS THOMPS	Director Name	in spågesbefore us	ING ATTACHMENTS	
Street Address		,	Street Address			
City	State	Zψ	City	State	T2/0	
		1.7		Sipile	Zιp	
Director Name	············.		Director Name		l:	
Street Address			Street Address	Street Address		
Cny	State	Ζφ	City	State	Zip	
10" SHARES AUTHORI	ZEDIC X BOX FOR	AND SOURCE OF THE SECOND SE	ISSUED SHARES	CX BOX FOR ATTAC	HHIND DEPOS	
Number of Shares	Class/Sories	Par Value	Number of Shares	Class/Series	Par Value	
	·	-				
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By	
POR SECR	ETARY OF STATE USE ONLY 2 VVI 4

Under penalty of perjury, I declare and affirm including any accompanying schedules and sta	
contained herein are true and correct.	atements, and that all state
anthony stella	2/23/04
Signature of Officer	1 bate
Anthony Stella	
Print or Type Name of Officer	
President	

Title of Officer

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

iling	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

108409

SITE ENGINEERING INC.

3. Street Address Principal Business Office

18 Clifton Road

State

RΙ

02809

4. Business Phone No.

5. State of incorporation

6. SIC Code

RHODE ISLAND

7518

(401) 253-8231 R. Brief Description of the Character of Business Conducted in Rhode Island

Engineering Consulting and Design

RI

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

City

City

City

City

Ronald Thomas Blanchard

Vice President Name

Bristol

N/A

Street Address Clifton Road

Zip

City

Street Address

State

Zip

Bristol

02809

Treasurer Name Street Address

Street Address

Secretary Name

City

State

Zip

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

Director Name

Street Address

N/A

State

Street Address

Director Name

Street Address

Director Name

State

Zip

Director Name

Street Address

State

Zip

City

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

ESTUED SHARES

Number of Shares

Class/Series

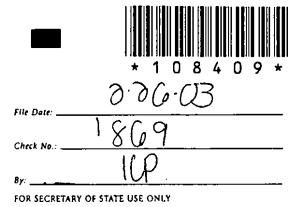
Par Value

Date

8,000 NO PAR VALUE

None

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.

Signature of Officer

Ron Blanchard

Print or Type Name of Officer President

Title of Officer 5 3

Ferm 630 12/02

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORP	ORATION 1-March 1 •	ANNUAL REF	ORT FOR THI	E YEAR <u>20</u>	STOP PLEASE READ INSTRUCTIONS
(FORM MUST BE TYPED IN BLA 1. Corporate ID No.	2. Name of Corpora				
108409 3. Street Address Principal Business		EERING INC.	City	State	Zip
18 Clifton 4. Business Phone No.	Road	5. State of Incorporation	Bristol	RI	02809 6. SIC Code
(401) $253-87. Brief Description of the Character$	3231 of Business Conducted i	RHODE ISLAND " Rhode Island			7518
Engineering 8. NAMES AND ADDRESS President Name	Consultir SES OF THE OFFI	ng and Design CERS (*x* BOX FOR ATTACH	(MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
Ronald Thom	nas Blancha	ard	N/A Street Address		
Cly 18 Clifton	State	Zip 0.2.0.0.0	City	State	Zip
Bristol Secretary Name	RI	02809	Treasurer Name		
ottitury maint			NA		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS Director Name	SES OF THE DIRI	ECTORS (*x* box for atta	CHMENT) FILL IN SPACE Director Name	S BEFORE USING AT	TACHMENTS
NA Street Address			Street Address		
Сну	State	Zip	, City	State	Zip
Director Name		•	Director Name	* + - + +	·
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI	O (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*	X" BOX FOR ATTACHMEN	(TV
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			None		
			l l		
This report must be signe	e d in ink by eith	er the President, Vice P	resident, Secretary, Assi:	stant Secretary, Trea	surer, Receiver or Trustee
*	10840	9 *	this report, including		rm that I have examined hedules and statements, and

File Date:	7.24.02
Clieck No.:	1790
By:	de
	E STATE LISE ONLY

this report, including any accompanying schedules and	statement	s, and
that all statements contained herein are true and correct	t.	
per planehand 6/	18/02	2
Signature of Officer Date		
Ron Blanchard		
Frint or Type Name of Officer		
Przsidznt		
Title of Officer		
⇔ 5	Ferm 630	12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

108409							
3.	Street Address Principal Business O						
	18 Clift						

1. Corporate ID No.

2. Name of Corporation SITE ENGINEERING INC.

3. Street Address Principal Business Office	City	State	Zip
18 Clifton Road	В:	ristol RI	02809
4. Business Phone No.	5. State of Incorporation		6. SIC Code
(401) 253-8231	RHODE ISLAND		7518
7. Brief Description of the Character of Business Conducted	in Rhode Island		•
Engineering Consu	lting and Design		
8. NAMES AND ADDRESSES OF THE OFF	ICERS ("X" BOX FOR ATTACHMENT)	FILL IN SPACES BEFORE USIN	G ATTACHMENTS
President Name		sident Name	

	Ronald Thomas Blanchard 18 Clifton Road		N/A			
Street Address			Street Address			
City		ate	Zip	City	State	2.ip
	Bristol	RI	02809		•	
Secretary Name	N/A			Treasurer Name N/A		
Street Address	W/ IX			Street Address		
City	St	ate	Zip	City	State	Zip

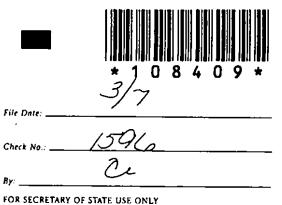
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS Director Name	SES OF THE DIRECT	ORS (*X* BOX FOR ATTAC	HMENT) FILL IN SPACES BE	FORE USING ATTACHN	IENTS
N/A Street Address			Street Address		
City	State	Zip	City	State	ZIp
Director Name		•	Director Name		
Street Address			Street Address		
City	State	Zip	Clty	State	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

8,000 NO PAR VALUE

None

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, an
that all statements contained herein are true and correct.
In Rhuchmel 3/01/01
Signature of Officer Date
Ron Blanchard
Print or Type Name of Officer

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

Zio

02809

State

RI

Bristol

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.

2. Name of Corporation

108409

3. Street Address Principal Business Office

18 Clifton Road

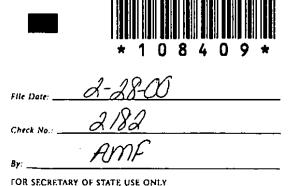
SITE ENGINEERING INC.

	(401) 253-823	31	RHODE ISLAND			7518
. Brief	Description of the Character o	f Business Conducted in Rho	de Island			
	Engineering (LMES AND ADDRESS) of Name Ronald Thoma ddress		nd Design S (*x* BOX FOR ATTACHA	SENT) FILL IN SPACES BEFO Vice President Name N/A Street Address	ORE USING ATTACHME	:NTS
illy	18 Clifton F	Road	Z.lp	City	State	Zip
ecretar	Bristol	RI	02809	Treasurer Name	••••	-7
	N/A					
treet A	ddiess			N A Street Address	•	
lty		State	ZIp	City	State	Zip
	MES AND ADDRESSI	ES OF THE DIRECTO	ORS (*X* BOX FOR ATTAC	HMENT) FILL IN SPACES BE	EFORE USING ATTACHM	MENTS
treet A	N/A ddress			Street Address		
lty		State	ZIP	City	State	Zip
Director	Name			Director Name		
treet A	ddress			Street Address		
lty		State	ZIp	City	State	ZIp
	HARES AUTHORIZED	("X" BOX FOR ATTACHM	IENT)	11. SHARES ISSUED ("X" BO	OX FOR ATTACHMENT)	
lumber	of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value

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

None

Title of Officer



8,000 NO PAR VALUE

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.

Am Blumburl 2/25/60

Pour	Blanchund	2/25/0
Signature of Officer		ate
Print or Type Name of	Officer	