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 OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
95010	Cavanaugh Tocci Associates, Inc.			
3. Street Address Principal Business Office		City	State	Zip
327F Boston Post Rd.		Sudbury	MA	01766-3027
4. Business Phone No.	5. State of Incorporation			6. SIC Code
978/443-7871	MASSACHUSETTS			7286

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE BUSINESS OF PROVIDING ENGINEERINGCONSULTING SERVICES.

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

President Name			Vice President Name		
Gregory C. Tocci					
Street Address			Street Address		
6 Olde Carriage Lane					
City	State	Zip	City	State	Zip
Franklin	MA	02038			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
Douglas H. Bell			Timothy J. Foulkes		
Street Address			Street Address		
98 Dunstable Road			28 Arbor Circle		
City	State	Zip	City	State	Zip
Westford	MA	01886	Natick	MA	01760
Director Name			Director Name		
William J. Cavanaugh					
Street Address			Street Address		
3 Merifield Lane					
City	State	Zip	City	State	Zip
Natick	MA	01760			

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ 11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
15,000 COMM NO PAR VALUE			2,000	common	no par

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

[redacted] [redacted]

95010

File Date	7/25/05
Check No.	17645
By:	DA

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.

[redacted] 07/14/05

Signature of Officer *Date*

Gregory C. Tocci
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 Rev. 12/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

100 North Main Street
Providence, RI 02903-1335
401.222.3040

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	2. Name of Corporation			
95010	Cavanaugh Tocci Associates, Inc.			
3. Street Address Principal Business Office		City	State	Zip
327 F Boston Post Road		Sudbury	MA	01760-3027
4. Business Phone No	5. State of Incorporation			6. SIC Code
978/443-7871	MASSACHUSETTS			7286

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE BUSINESS OF PROVIDING ENGINEERINGCONSULTING SERVICES.

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

President Name			Vice President Name		
Gregory C. Tocci					
Street Address			Street Address		
6 Olde Carriage Lane					
City	State	Zip	City	State	Zip
Franklin	MA	02038			
Secretary Name			**Treasurer Name**		
Gregory C. Tocci			Gregory C. Tocci		
Street Address			Street Address		
6 Olde Carriage Lane			6 Olde Carriage Lane		
City	State	Zip	City	State	Zip
Franklin	MA	02038	Franklin	MA	02038

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

Director Name			Director Name		
Gregory C. Tocci					
Street Address			Street Address		
6 Olde Carriage Lane					
City	State	Zip	City	State	Zip
Franklin	MA	02038			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ 11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
15,000 COMM NO PAR VALUE			2,000	common	no par

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

[redacted]

95010

File Date 1·30·04
Check No. 16275
By: iCP
FOR SECRETARY OF STATE USE ONLY

[redacted]

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 01/28/04 *Date*

Gregory C. Tocci
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 Rev. 12/03

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

Edward S. Inman, III, Secretary of Corporations
100 North Main Street, Providence, RI 02903-1
401-222-30

STOP
PLEASE READ INSTRUCTIONS

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.: 95010
2. Name of Corporation: Cavanaugh Tocci Associates, Inc.
3. Street Address Principal Business Office: 327F Boston Post Road
   City: Sudbury
   State: MA
   Zip: 01776-3027
4. Business Phone No.: 978/443-7871
5. State of Incorporation: MASSACHUSETTS
6. SIC Code: 7286
7. Brief Description of the Character of Business Conducted in Rhode Island: Acoustical Consultants

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

President Name: Gregory C. Tocci
Street Address: 6 Olde Carriage Lane
City: Franklin
State: MA
Zip: 02038

Vice President Name:
Street Address:
City:
State:
Zip:

Secretary Name: Gregory C. Tocci
Street Address: 6 Olde Carriage Lane
City: Franklin
State: MA
Zip: 02038

Treasurer Name: Gregory C. Tocci
Street Address: 6 Olde Carriage Lane
City: Franklin
State: MA
Zip: 02038

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

Director Name: Gregory C. Tocci
Street Address: 6 Olde Carriage Lane
City: Franklin
State: MA
Zip: 02038

Director Name:
Street Address:
City:
State:
Zip:

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
15,000 COMM	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
2,000	common	no par

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

95010

File Date: 3.7.03

Check No.: 15375

By: MP

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 of Officer: Gregory C. Tocci — Date: 01/28/03

Gregory C. Tocci
Print or Type Name of Officer

President
Title of Officer

Form 630 12/02

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

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

STOP
PLEASE READ INSTRUCTIONS

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.	2. Name of Corporation
95010	Cavanaugh Tocci Associates, Inc.

3. Street Address Principal Business Office	City	State	Zip
327F Boston Post Road	Sudbury	MA	01776-3027

4. Business Phone No.	5. State of Incorporation	6. SIC Code
978/443-7871	MASSACHUSETTS	7286

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

Acoustical Consultants

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

President Name	Vice President Name
Gregory C. Tocci	William J. Cavanaugh
Street Address: 6 Olde Carriage Lane	Street Address: 3 Merifield Lane
City: Franklin State: MA Zip: 02038	City: Natick State: MA Zip: 01760
Secretary Name	**Treasurer Name**
William J. Cavanaugh	William J. Cavanaugh
Street Address: 3 Merifield Lane	Street Address: 3 Merifield Lane
City: Natick State: MA Zip: 01760	City: Natick State: MA Zip: 01760

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

Director Name	Director Name
William J. Cavanaugh	
Street Address: 3 Merifield Lane	Street Address:
City: Natick State: MA Zip: 01760	City: State: Zip:
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
15,000	COMMON	NO PAR VAL

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
2,000	common	no par

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

* 9 5 0 1 0 *

File Date: 2-8-02

Check No.: 14501

By: Dc

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 of Officer — Date: 02/07/02

Gregory C. Tocci
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01

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

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 95010
2. Name of Corporation: Cavanaugh Tocci Associates, Inc.
3. Street Address Principal Business Office: 327F Boston Post Road
   City: Sudbury
   State: MA
   Zip: 01776-3027
4. Business Phone No.: 978/443-7871
5. State of Incorporation: MASSACHUSETTS
6. SIC Code: 7286
7. Brief Description of the Character of Business Conducted in Rhode Island: Acoustical Consultants

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

President Name: Gregory C. Tocci
Street Address: 6 Olde Carriage Lane
City: Franklin State: MA Zip: 02038

Vice President Name: William J. Cavanaugh
Street Address: 3 Merifield Lane
City: Natick State: MA Zip: 01760

Secretary Name: William J. Cavanaugh
Street Address: 3 Merifield Lane
City: Natick State: MA Zip: 01760

Treasurer Name: William J. Cavanaugh
Street Address: 3 Merifield Lane
City: Natick State: MA Zip: 01760

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

Director Name: William J. Cavanaugh
Street Address: 3 Merifield Lane
City: Natick State: MA Zip: 01760

Director Name:
Street Address:
City: State: Zip:

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
15,000	COMMON	NO PAR VAL
	none	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
2,000	common	no par

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

95010

File Date: 2/12

Check No.: 13504

By: a

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 of Officer: Gregory C. Tocci Date: 01/24/01

Gregory C. Tocci
Print or Type Name of Officer

President
Title of Officer

Form 630 12/00

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

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

STOP
PLEASE READ INSTRUCTIONS

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. 95010

2. Name of Corporation Cavanaugh Tocci Associates, Inc.

3. Street Address Principal Business Office 327F Boston Post Road

City Sudbury *State* MA *Zip* 01776-3027

4. Business Phone No. 978/443-7871

5. State of Incorporation MASSACHUSETTS

6. SIC Code 7286

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

Acoustical Consultants

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

President Name Gregory C. Tocci
Street Address 6 Olde Carriage Lane
City Franklin *State* MA *Zip* 02038

Vice President Name William J. Cavanaugh
Street Address 3 Merifield Lane
City Natick *State* MA *Zip* 01760

Secretary Name William J. Cavanaugh
Street Address 3 Merifield Lane
City Natick *State* MA *Zip* 01760

Treasurer Name William J. Cavanaugh
Street Address 3 Merifield Lane
City Natick *State* MA *Zip* 01760

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

Director Name William J. Cavanaugh
Street Address 3 Merifield Lane
City Natick *State* MA *Zip* 01760

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
15,000 COMMON NO PAR VAL	none	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
2,000	common	no par

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

[redacted]

* 9 5 0 1 0 *

File Date: 2-9-00

Check No.: 12329

By: AMF

FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 02/08/00

Gregory C. Tocci
Print or Type Name of Officer

President
Title of Officer

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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP
PLEASE READ INSTRUCTIONS

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. 95010

2. Name of Corporation Cavanaugh Tocci Associates, Inc.

3. Street Address Principal Business Office 327F Boston Post Road

City Sudbury *State* MA *Zip* 01776-3027

4. Business Phone No. 978/443-7871

5. State of Incorporation MA

6. SIC Code 7286

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

Acoustical Consultants

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

President Name Gregory C. Tocci
Street Address 6 Olde Carriage Lane
City Franklin *State* MA *Zip* 02038

Vice President Name William J. Cavanaugh
Street Address 3 Merifield Lane
City Natick *State* MA *Zip* 01760

Secretary Name William J. Cavanaugh
Street Address 3 Merifield Lane
City Natick *State* MA *Zip* 01760

Treasurer Name William J. Cavanaugh
Street Address 3 Merifield Lane
City Natick *State* MA *Zip* 01760

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

Director Name William J. Cavanaugh
Street Address 3 Merifield Lane
City Natick *State* MA *Zip* 01760

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
15,000	Common	No Par Val

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
2,000	Common	No Par

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

File Date: Mar 8, 99

Check No.: 11479

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 statements contained herein are true and correct.

Gregory C. Tocci 2-24-99
Signature of Officer *Date*

Gregory C. Tocci
Print or Type Name of Officer

President
Title of Officer

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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 95010
2. Name of Corporation: Cavanaugh Tocci Associates, Inc.
3. Street Address Principal Business Office: 327F Boston Post Road — City: Sudbury — State: MA — Zip: 01776
4. Business Phone No.: 978/443/7871
5. State of Incorporation: MASSACHUSETTS
6. SIC Code: 7286
7. Brief Description of the Character of Business Conducted in Rhode Island: Consultants in Acoustics and Vibration

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

President Name: Gregory C. Tocci	Vice President Name: William J. Cavanaugh
Street Address: 6 Olde Carriage Lane	Street Address: 3 Merifield Lane
City: Franklin — State: MA — Zip: 02038	City: Natick — State: MA — Zip: 01760
Secretary Name: William J. Cavanaugh	Treasurer Name: William J. Cavanaugh
Street Address: 3 Merifield Lane	Street Address: as above
City: Natick — State: MA — Zip: 01760	City: — State: — Zip:

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

Director Name: Gregory C. Tocci	Director Name: William J. Cavanaugh
Street Address: 6 Olde Carriage Lane	Street Address: 3 Merifield Lane
City: Franklin — State: MA — Zip: 02038	City: Natick — State: MA — Zip: 01760
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
15,000		no par

15,000 COMMON NO PAR VAL

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
2,000		no par val

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

* 9 5 0 1 0 *

File Date: 1-13-98
Check No.: 1025
By: LP
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.

Gregory C. Tocci — 01/12/98
Signature of Officer — *Date*

Gregory C. Tocci
Print or Type Name of Officer

President
Title of Officer