



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No. 106911		2. Exact name of the limited liability company CHA Tech Services LLC			
3. State of Formation New York		4. Brief description of the character of the business which is actually conducted in Rhode Island Construction Management			
5. Principal office address 26 Aviation Rd.		City Albany	State NY	Zip 12205	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Michael A. Platt		Contact Title General Counsel			
Street Address III Winners Circle		City Albany	State NY	Zip 12205	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name James P. O'Brien		Manager Name Frank J. Sciotti			
Street Address 26 Aviation Rd.		Street Address 26 Aviation Rd.			
City Albany	State NY	Zip 12205	City Albany	State NY	Zip 12205
Manager Name David R. Wahrlich		Manager Name Clough Harbour & Associates LLP			
Street Address III Winners Circle		Street Address III Winners Circle			
City Albany	State NY	Zip 12205	City Albany	State NY	Zip 12205
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Corporation Service Company			Address 222 Jefferson Boulevard, Suite 200		
Address			City Warwick	Zip 02888	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

106911

File Date	FILED
Check No.	APR 19 2006
By:	By [Signature] C96285
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] 4/7/06
Signature of Authorized Person Date
James P. O'Brien
Print or Type Name of Authorized Person



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 106911		2. Exact name of the limited liability company CHA Tech Services, LLC	
3. State of Formation NEW YORK		4. Brief description of the character of the business which is actually conducted in Rhode Island CONSTRUCTION MANAGEMENT	
5. Principal office address 26 AVIATION RD		City ALBANY	State NY
		Zip 12205	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MICHAEL A PLATT		Contact Title General Counsel	
Street Address III WINNERS CIRCLE, P.O. BOX 5307		City ALBANY	State NY
		Zip 12205	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CORPORATION SERVICE COMPANY		Address 222 JEFFERSON BOULEVARD, SUITE 200	
Address		City WARWICK	Zip 02888-

This report must be signed in ink by an authorized person pursuant to 7-16-66.

By AMF



1 0 6 9 1 1

106911 FLLC 09/17/04 08:47:11 AM

File Date 9/30/04

Check No. 6309

By: AMF

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.

David R. Wahrlich
Signature of Authorized Person

9/23/04
Date

David R. Wahrlich
Print or Type Name of Authorized Person

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
SEP 27 3 03 PM '04



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 106911		2. Exact name of the limited liability company CHA Tech Services, LLC			
3. State of Formation NEW YORK		4. Brief description of the character of the business which is actually conducted in Rhode Island CONSTRUCTION MANAGEMENT			
5. Principal office address 26 Aviation Rd.		City Albany	State NY	Zip 12205	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Michael A. Platt		Contact Title General Counsel			
Street Address III Winners Circle, P.O. Box 5269		City Albany	State NY	Zip 12205	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name David R. Wahrlich		Manager Name W. Kenneth Johnson			
Street Address 6 Squire Road		Street Address 210 Longhouse Lane			
City Schenectady	State NY	Zip 12304	City Slingerlands	State NY	Zip 12159
Manager Name Clough, Harbour & Associates LLP		Manager Name			
Street Address III Winners Circle		Street Address			
City Albany	State NY	Zip 12205	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT CORPORATION SYSTEM		Address			
Address 10 WEYBOSSET STREET		City PROVIDENCE		Zip 02903	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 0 6 9 1 1 *

File Date	10/1/03
Check No.	1069
By:	<i>gr</i>
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.

W. Kenneth Johnson 9/23/03
Signature of Authorized Person Date

W. Kenneth Johnson

Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 106911		2. Exact name of the limited liability company CHA Tech Services, LLC	
3. State of Formation NEW YORK		4. Brief description of the character of the business which is actually conducted in Rhode Island CONSTRUCTION MANAGEMENT	
5. Principal office address III Winners Circle, P.O. Box 5307		City Albany	State NY
		Zip 12205-0307	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name I Sense Bourdeau		Contact Title Office Manager	
Street Address III Winners Circle, P.O. Box 5307		City Albany	State NY
		Zip 12205-0307	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name N/A		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
			*State
			*Zip
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
			*State
			*Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 1 0 6 9 1 1 *

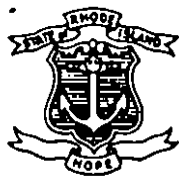
File Date	9-23-02
Check No.	4137
By:	ec
FOR SECRETARY OF STATE USE ONLY	

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.

W K Johnson 9/20/02
Signature of Authorized Person Date
W. Kenneth Johnson
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number FLLC 106911

Annual Report for the year 2001

1. The name of the limited liability company is:

CHA Tech Services, LLC

2. The address of the principal office of the limited liability company is:

III Winners Circle, P.O. Box 5307, Albany, NY 12205-0307

3. The state or other jurisdiction under the laws of which it is formed is NEW YORK

4. The name and address of its resident agent is: CT CORPORATION SYSTEM

10 WEYBOSSET STREET PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Denise Bourdeau, Office Manager

III Winners Circle, P.O. Box 5307, Albany NY 12205-0307

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: _____

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

N/A

Dated _____



1 0 6 9 1 1

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.

CHA Tech Services LLC
Exact Name of Limited Liability Company

By

President

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

10-3-01

Check No.:

3301

By:

[Signature]

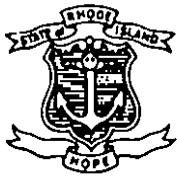
Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number FLLC 106911

Annual Report for the year 2000

1. The name of the limited liability company is:

CHA Tech Services, LLC

2. The address of the principal office of the limited liability company is:

III Winners Circle, P.O. Box 5307 Albany NY 12205

3. The state or other jurisdiction under the laws of which it is formed is NEW YORK

4. The name and address of its resident agent is: CT CORPORATION SYSTEM

10 WEYBOSSET STREET PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: III Winners Circle, P.O. Box 5307,

Albany, NY 12205; Denise Bourdeau

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Construction management

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated

9/27/00



1 0 6 9 1 1

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.

CHA Tech Services LLC

Exact Name of Limited Liability Company

By

W. Johnson
President

Title

FOR SECRETARY OF STATE USE ONLY
File Date: 9/27

Check No.: 2191

By: 21

Form No. 632
Revised 01/99