



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. 129915		2. Name of Corporation STORCH RADON SERVICES, INC.			
3. Street Address Principal Business Office 1628-R G.A.R. Highway			City Somerset	State MA	Zip 02726
4. Business Phone No. 508-675-8511		5. State of Incorporation MASSACHUSETTS			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island RENDERING RADON GAS INSPECTIONS IN DWELLINGS INCLUDING, BUT NOT LIMITED TO, RADON DETECTION, ANALYSIS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Frederick J. Storch, Jr.			Vice President Name None		
Street Address 50 Fuller Street			Street Address		
City Middleboro	State MA	Zip 02346	City	State	Zip
Secretary Name Jodi Beth Storch			Treasurer Name Frederick J. Storch, Jr.		
Street Address 50 Fuller Street			Street Address 50 Fuller Street		
City Middleboro	State MA	Zip 02346	City Middleboro	State MA	Zip 02346
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Frederick J. Storch, Jr.			Director Name Jodi Beth Storch		
Street Address 50 Fuller Street			Street Address 50 Fuller Street		
City Middleboro	State MA	Zip 02346	City Middleboro	State MA	Zip 02346
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
200,000 COMM NO PAR VALUE			1,000	Common	No Par Value

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

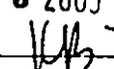


Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained hereon are true and correct.

 3/1/05
Signature of Officer Date

Jodi Beth Storch
Print or Type Name of Officer

Secretary
Title of Officer

File Date **FILED**
Check No. **MAR 03 2005** 452
By: 
FOR SECRETARY OF STATE USE ONLY



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1. Corporate ID No. 129915		2. Name of Corporation STORCH RADON SERVICES, INC.			
3. Street Address Principal Business Office 255 Whipple Street			City Fall River	State MA	Zip 02721
4. Business Phone No 508-675-8511		5. State of Incorporation MASSACHUSETTS			6. SIC Code
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Street Address 50 Fuller Street			Street Address		
City Middleboro	State MA	Zip 02346	City	State	Zip
Secretary Name Jodi Beth Storch			Treasurer Name Frederick J. Storch, Jr.		
Street Address 50 Fuller Street			Street Address 50 Fuller Street		
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Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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200,000 COMM NO PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
1,000		Common	No par value		

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



* 1 2 9 9 1 5 *

File Date 2/17/04
 Check No. 4109
 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] 2/10/04
 Signature of Officer Date
 Jodi Beth Storch
 Print or Type Name of Officer
 Secretary
 Title of Officer



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(FORM MUST BE TYPED OR PRINTED IN BLACK)

"Amended"

1 Corporate ID No 129915		2 Name of Corporation STORCH RADON SERVICES, INC.			
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200,000	COMM NO PAR VALUE		1,000	Common	No par value

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* 1 2 9 9 1 5 *

File Date 1/19/04

Check No. _____

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] 7/15/04
Signature of Officer Date

Jodi Beth Storch
Print or Type Name of Officer

Secretary
Title of Officer