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			
141617	Pennoni Associates Inc.			
3. Street Address Principal Business Office		City	State	Zip
One Drexel Plaza, 3001 Market Street		Philadelphia	PA	19104
4. Business Phone No.	5. State of Incorporation			6. SIC Code
215-222-3000	PENNSYLVANIA			541330

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE CONSULTING ENGINEERING SERVICES

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

President Name			Vice President Name		
Anthony S. Bartolomeo			Nelson J. Shaffer		
Street Address			Street Address		
7 Mansoor Court			1715 Hillcrest Lane		
City	State	Zip	City	State	Zip
Sewell	NJ	08080	Aston	PA	19014
Secretary Name			**Treasurer Name**		
Peter J. Coote			Eric L. Flicker		
Street Address			Street Address		
128 Walter Drive			1355 Troon Lane		
City	State	Zip	City	State	Zip
Media	PA	19063	West Chester	PA	19380

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

Director Name			Director Name		
CR Pennoni			Eric L. Flicker		
Street Address			Street Address		
411 Valley Glen Drive			1355 Troon Lane		
City	State	Zip	City	State	Zip
Bryn Mawr	PA	19010	West Chester	PA	19380
Director Name			Director Name		
Anthony S. Bartolomeo			Nelson J. Shaffer		
Street Address			Street Address		
7 Mansoor Court			1715 Hillcrest Lane		
City	State	Zip	City	State	Zip
Sewell	NJ	08080	Aston	PA	19014

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*
100,000 COMM NO PAR VALUE			65631		

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

[redacted]

141617

File Date FILED

Check No. MAR 1 /

By: By

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.

Eric L. Flicker 3/11/2005

Signature of Officer *Date*

Eric L. Flicker

Print or Type Name of Officer

Treasurer

Title of Officer

Form 630 Rev. 12/03