

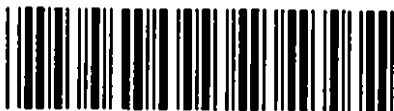


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 109118		2. Name of Corporation Pajan Services Inc			
3. Street Address Principal Business Office 300 Newport Avenue			City Rumford	State RI	Zip 02916
4. Business Phone No. 401-435-3611		5. State of Incorporation RHODE ISLAND			6. SIC Code 273
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A GENERAL CONTRACTING AND ELECTRICAL FIRM.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul C Jankowski			Vice President Name Donna Jankowski		
Street Address 20 Shirwood Dr.			Street Address 20 Shirwood Dr.		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$.05 PAR VALUE		8,000		.05 par value

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



File Date 6/23/05
Check No. 1515
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.

[Signature] 1/27/05
Signature of Officer Date
PAUL C JAN KOWSKI
Print or Type Name of Officer
Vice President
Title of Officer



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. 109118		2. Name of Corporation Pajan Services Inc			
3. Street Address Principal Business Office 320 Newport Avenue			City Rumford	State RI	Zip 02916
4. Business Phone No 401-935-6919		5. State of Incorporation RHODE ISLAND		6. SIC Code 273	
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A GENERAL CONTRACTING AND ELECTRICAL FIRM.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Donna M. Jankowski			Vice President Name Paul C. Jankowski		
Street Address 20 Shirwood Drive			Street Address 20 Shirwood Drive		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Donna M. Jankowski			Treasurer Name Paul C. Jankowski		
Street Address 20 Shirwood Drive			Street Address 20 Shirwood Drive		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name none			Director Name none		
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
8,000 \$.05 PAR VALUE			none		

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



* 1 0 9 1 1 8 *

File Date 3/11/04
Check No. 1946
By: SC
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.

Donna M. Jankowski 2/26/04
Signature of Officer Date
Donna M. Jankowski
Print or Type Name of Officer
President
Title of Officer



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. **109118** 2. Name of Corporation **Pajan Services Inc**
3. Street Address Principal Business Office **320 Newport Avenue** City **Rumford** State **RI** Zip **02916**
4. Business Phone No. **401-935-6919** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **273**
7. Brief Description of the Character of Business Conducted in Rhode Island
Electrical Installations

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

President Name Donna M. Jankowski	Vice President Name Paul C. Jankowski
Street Address 20 Shirwood Drive	Street Address 20 Shirwood Drive
City Seekonk State MA Zip 02771	City Seekonk State MA Zip 02771
Secretary Name none	Treasurer Name none
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name none	Director Name none
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name none	Director Name none
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 \$.05 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
none

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



* 1 0 9 1 1 8 *

File Date: 2/14/03
Check No.: 1655
By: [Signature]

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.

Donna M. Jankowski 2-11-03
Signature of Officer Date
Donna M. Jankowski
Print or Type Name of Officer
President
Title of Officer



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. **109118** 2. Name of Corporation **Pajan Services Inc**
3. Street Address Principal Business Office **320 Newport Avenue** City **Rumford** State **RI** Zip **02916**
4. Business Phone No. **401-935-6919** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **273**
7. Brief Description of the Character of Business Conducted in Rhode Island
Electrical Installations

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

President Name Donna M. Jankowski	Vice President Name Paul C. Jankowski
Street Address 20 Shirwood Drive	Street Address 20 Shirwood Drive
City Seekonk State MA Zip 02771	City Seekonk State MA Zip 02771
Secretary Name none	Treasurer Name none
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 none	Director Name none
Street Address	Street Address
City State Zip	City State Zip
Director Name none	Director Name none
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
8,000 \$.05 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
none

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



* 1 0 9 1 1 8 *

File Date: 2-27-02

Check No.: 1420

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.

Donna M. Jankowski 2/26/02
Signature of Officer Date

Donna M. Jankowski
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **109118** 2. Name of Corporation **Pajan Services Inc**

3. Street Address Principal Business Office **64 Nye Street** City **Pawtucket** State **RI** Zip **02861**

4. Business Phone No. **401-727-3007** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **273**

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

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

President Name			Vice President Name		
Donna M. Jankowski			Paul C. Jankowski		
Street Address			Street Address		
64 Nye Street			64 Nye Street		
City	State	Zip	City	State	Zip
Pawtucket	RI	02861	Pawtucket	RI	02861
Secretary Name			Treasurer Name		
none			none		
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		
none			none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
none			none		
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
8,000	\$.05	PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
none		

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



* 1 0 9 1 1 8 *

File Date: 2/27
1219
Check No.: _____
By: [Signature]

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.

Donna M Jankowski 2-26-01
Signature of Officer Date
Donna M. Jankowski
Print or Type Name of Officer
President
Title of Officer



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. **109118** 2. Name of Corporation **Pajan Services Inc**
3. Street Address Principal Business Office **64 Nye Street** City **Pawtucket** State **RI** Zip **02861**
4. Business Phone No. **(401) 727-3007** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0273**
7. Brief Description of the Character of Business Conducted in Rhode Island **Electrical contracting**

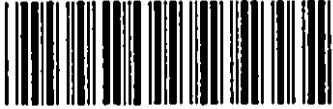
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**
President Name **Donna M. Jankowski** Vice President Name **Paul C. Jankowski**
Street Address **64 Nye Street** Street Address **64 Nye Street**
City **Pawtucket** State **RI** Zip **02861** City **Pawtucket** State **RI** Zip **02861**
Secretary Name **none** Treasurer Name **none**
Street Address **none** Street Address **none**
City **none** State **none** Zip **none** City **none** State **none** Zip **none**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**
Director Name **none** Director Name **none**
Street Address **none** Street Address **none**
City **none** State **none** Zip **none** City **none** State **none** Zip **none**
Director Name **none** Director Name **none**
Street Address **none** Street Address **none**
City **none** State **none** Zip **none** City **none** State **none** Zip **none**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES
Number of Shares **8,000** Class/Series **\$.05** Par Value **PAR VALUE**

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares **none** Class/Series **none** Par Value **none**

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



* 1 0 9 1 1 8 *

File Date: 3/15/00
Check No.: 1044
By: RD

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.
Donna M. Jankowski 2-23-2000
Signature of Officer Date
Donna M. Jankowski
Print or Type Name of Officer
President
Title of Officer