



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

AMENDED

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** 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.		2. Name of Corporation	
17922		PHALANX ENGINEERING, INC.	
3. Street Address Principal Business Office		City	State
28 Gardner Ave.		Cranston	RI
4. Business Phone No.		5. State of Incorporation	6. SIC Code
401-941-9900		Rhode Island	8888
7. Brief Description of the Character of Business Conducted in Rhode Island			
Mechanical Contractor			

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

President Name			Vice President Name		
Arthur Larsen			Arthur Larsen		
Street Address			Street Address		
4 Monarch Way					
City	State	Zip	City	State	Zip
Lincoln	RI	02865			
Secretary Name			Treasurer Name		
Artur Larsen			Faye Pilozzi		
Street Address			Street Address		
			3 Gleaner Chapel Rd		
City	State	Zip	City	State	Zip
			Scituate	RI	02857

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

Director Name			Director Name		
Arthur Larsen			Arthur Larsen		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Arthur Larsen			Arthur Larsen		
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
600	COMM	NO PAR VALUE	222	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 3/19/04

Check No. \_\_\_\_\_

By cc

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 [Signature] Date 3/16/04

Arthur Larsen

Print or Type Name of Officer

President

Title of Officer