



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. 19824		2. Name of Corporation Insurance Reconstruction Services, Inc.					
3. Street Address Principal Business Office 41 Cedar Swamp Road				City Smithfield	State RI	Zip 02828	
4. Business Phone No. 401 231-3130			5. State of Incorporation RHODE ISLAND			6. SIC Code 885	
7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION, RECONSTRUCTION, RESTORATION AND CLEANING SERVICES; GENERAL SALES AT RETAIL							
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name John E. Anderson				Vice President Name Karen E. Anderson			
Street Address 116 Winchester Drive				Street Address 116 Winchester Drive			
City North Scituate	State RI	Zip 02857		City North Scituate	State RI	Zip 02857	
Secretary Name John E. Anderson				Treasurer Name Karen E. Anderson			
Street Address 116 Winchester Drive				Street Address 116 Winchester Drive			
City North Scituate	State RI	Zip 02857		City North Scituate	State RI	Zip 02857	
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			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
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	
1,000 COMM NO PAR VALUE				135	Common	No par value	

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



File Date 2/25/05
Check No. 39440
By: OC
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 1/12/05
John E. Anderson
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 19824		2. Name of Corporation Insurance Reconstruction Services, Inc.			
3. Street Address Principal Business Office 41 Cedar Swamp Road			City Smithfield	State RI	Zip 02828
4. Business Phone No. 401 231 3130		5. State of Incorporation RHODE ISLAND		6. SIC Code 885	
7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION, RECONSTRUCTION, RESTORATION AND CLEANING SERVICES; GENERAL SALES AT RETAIL					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John E. Anderson			Vice President Name Karen E. Anderson		
Street Address 116 Winchester Drive			Street Address 116 Winchester Drive		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Secretary Name John E. Anderson			Treasurer Name Karen E. Anderson		
Street Address 116 Winchester Drive			Street Address 116 Winchester Drive		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
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		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
1,000 COMM NO PAR VALUE			135	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 9 8 2 4 *

File Date 2-5-04
Check No. 31760
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] 1/29, 2004
Signature of Officer Date
John E Anderson
Print or Type Name of Officer
President
Title of Officer



ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

FORM MUST BE TYPED IN BLACK

1. Corporate ID No. *19824*		2. Name of Corporation Insurance Reconstruction Services, Inc.	
3. Street Address Principal Business Office 41 CEDAR SWAMP RD		City SMITHFIELD	State RI
4. Business Phone No. 4012313130		5. State of Incorporation RHODE ISLAND	6. SIC Code 885
7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION, RECONSTRUCTION, RESTORATION AND CLEANING SERVICES; GENERAL SALES AT RETAIL			

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John E. Anderson			Vice President Name Karen E. Anderson		
Street Address 116 Winchester Drive			Street Address 116 Winchester Drive		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Secretary Name John E. Anderson			Treasurer Name Karen E. Anderson		
Street Address 116 Winchester Drive			Street Address 116 Winchester Drive		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857

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		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
1,000 COMM NO PAR VALUE			135	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 9 8 2 4 *

19824 DBC1/8/032:43:39 PM

File Date 9-25-03

Check No. 30919

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] 9/22/03
Signature of Officer Date

John E. Anderson
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. **19824** 2. Name of Corporation **Insurance Reconstruction Services, Inc.**
3. Street Address Principal Business Office **41 Cedar Swamp Road** City **Smithfield** State **RI** Zip **02828**
4. Business Phone No. **401 231-3130** 5. State of Incorporation **RI** 6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island **Construction, reconstruction, restoration, and cleaning services; general sales at retail, and any other lawful purpose pertinent thereto.**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name John E. Anderson Street Address 116 Winchester Drive City North Scitute State RI Zip 02857	Vice President Name Karen E. Anderson Street Address 116 Winchester Drive City North Scitutate State RI Zip 02857
Secretary Name John E. Anderson Street Address 116 Winchester Drive City North Scituate State RI Zip 02857	Treasurer Name Karen E. Anderson Street Address 116 Winchester Drive City North Scituate State RI Zip 02857

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
1,000	Common	no par value

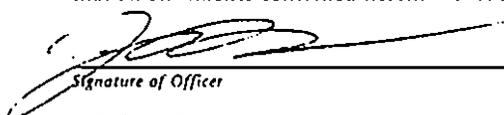
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
135	Common	no par value

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

File Date: 7.30.02
Check No.: 10041
By: JA

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 _____ Date July 29, 2002
John E. Anderson
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. 19824 2. Name of Corporation Insurance Reconstruction Services, Inc.

3. Street Address Principal Business Office
41 Cedar Swamp Road City Smithfield State RI Zip 02828
4. Business Phone No. 401 231-3130 5. State of Incorporation RHODE ISLAND 6. SIC Code 889

7. Brief Description of the Character of Business Conducted in Rhode Island Construction, reconstruction, restoration, and cleaning services; general sales at retail, and any other lawful purpose pertinent thereto.

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

President Name <u>John A. Anderson</u>	Vice President Name <u>Karen E. Anderson</u>
Street Address <u>116 Winchester Drive</u>	Street Address <u>116 Winchester Drive</u>
City State Zip <u>North Scituate RI 02857</u>	City State Zip <u>North Scituate RI 02857</u>
Secretary Name <u>John E. Anderson</u>	Treasurer Name <u>Karen E. Anderson</u>
Street Address <u>116 Winchester Drive</u>	Street Address <u>116 Winchester Drive</u>
City State Zip <u>North Scituate RI 02857</u>	City State Zip <u>North Scituate RI 02857</u>

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

Director Name <u>None.</u>	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
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
1,000 SHS NO PAR COM

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

ISSUED SHARES
Number of Shares Class/Series Par Value
135 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 9 8 2 4 *

2/1

File Date: _____

Check No.: 24925

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] 1/24, 2001
Signature of Officer Date

John E. Anderson
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. **19824** 2. Name of Corporation **Insurance Reconstruction Services, Inc.**

3. Street Address Principal Business Office City State Zip
41 Cedar Swamp Road **Smithfield** **RI** **02917**

4. Business Phone No. 5. State of Incorporation 6. SIC Code
401 231-3130 **RHODE ISLAND** **885**

7. Brief Description of the Character of Business Conducted in Rhode Island Construction, reconstruction, restoration, and cleaning services; general sales at retail, and any other lawful purpose thereto.

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

President Name John A. Anderson Street Address 116 Winchester Drive City State Zip North Scituate RI 02857 Secretary Name John E. Anderson Street Address 116 Winchester Drive City State Zip North Scituate RI 02857	Vice President Name Karen E. Anderson Street Address 116 Winchester Drive City State Zip North Scituate RI 02857 Treasurer Name Karen E. Anerson Street Address 116 Winchester Drive City State Zip North Scituate RI 02857
--	--

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

Director Name None Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR COM		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
135	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 9 8 2 4 *

File Date 3/24/00
 Check No. 20809
 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.

[Signature] 2/28, 2000
 Signature of Officer Date
John E. Anderson
 Print or Type Name of Officer
President
 Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 19824 2. Name of Corporation Insurance Reconstruction Services, Inc.
3. Street Address Principal Business Office 41 Cedar Swamp Road City Smithfield State RI Zip 02917
4. Business Phone No. 401 231-3130 5. State of Incorporation Rhode Island 6. SIC Code 0885
7. Brief Description of the Character of Business Conducted in Rhode Island Construction, reconstruction, restoration, and cleaning services; general sales at retail, and any other lawful purpose pertinent thereto.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name John E. Anderson Street Address 116 Winchester Drive City State Zip North Scituate RI 02857 Secretary Name John E. Anderson Street Address 116 Winchester Drive City State Zip North Scituate RI 02857	Vice President Name Karen E. Anderson Street Address 116 Winchester Drive City State Zip North Scituate RI 02857 Treasurer Name Karen E. Anderson Street Address 116 Winchester Drive City State Zip North Scituate RI 02857
--	---

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name None. Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
1,000	Common	No par value

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
135	Common	No par value

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

FILED

File Date: JUL 29 1999
Check No.: BY [Signature] 13306
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.

Karen E Anderson 7-29-1999
Signature of Officer Date
Karen E. Anderson
Print or Type Name of Officer
Vice President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **19824** 2. Name of Corporation **Insurance Reconstruction Services, Inc.**

3. Street Address Principal Business Office **41 Cedar Swamp Road** City **Smithfield** State **RI** Zip **02828**

4. Business Phone No. **401 231-3130** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0885**

7. Brief Description of the Character of Business Conducted in Rhode Island **Construction, reconstruction, restoration, and cleaning services; general sales at retail, and any other lawful purpose pertinent thereto.**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name John A. Anderson Street Address 116 Winchester Drive City North Scituate State RI Zip 02857 Secretary Name John E. Anderson Street Address 116 Winchester Drive City North Scituate State RI Zip 02857	Vice President Name Karen E. Anderson Street Address 116 Winchester Drive City North Scituate State RI Zip 02857 Treasurer Name Karen E. Anderson Street Address 116 Winchester Drive City North Scituate State RI Zip 02857
--	---

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name None. Street Address City State Zip 	Director Name Street Address City State Zip
Director Name Street Address City State Zip 	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000 SHS NO PAR COM		

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

ISSUED SHARES	Class/Series	Par Value
135	Common	No par value

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



File Date: 3/9
Check No.: 16010
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] March 3, 1998
Signature of Officer Date
John E. Anderson
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **19824** 2. Name of Corporation **Insurance Reconstruction Services, Inc.**
 3. Street Address Principal Business Office **41 CEDAR SWAMP ROAD** City **SMITHFIELD** State **RI** Zip **02828**
 4. Business Phone No. **(401) 231-3130** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0885**
 7. Brief Description of the Character of Business Conducted in Rhode Island **Construction, reconstruction, restoration, and cleaning services; general sales at retail, and any other lawful purpose pertinent thereto.**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name John A. Anderson Street Address 117 Winchester Drive City North Scituate State RI Zip 02857	Vice President Name Karen E. Anderson Street Address 116 Winchester Drive City North Scituate State RI Zip 02857
Secretary Name John E. Anderson Street Address 116 Winchester Drive City North Scituate State RI Zip 02857	Treasurer Name Karen E. Anderson Street Address 116 Winchester Drive City North Scituate State RI Zip 02857

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR COM			135	Common	No par value

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



File Date: 3-14-97
 Check No.: 13700
 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.

[Signature] 1/29 1997
 Signature of Officer Date
John E. Anderson
 Print or Type Name of Officer
President
 Title of Officer

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO. 19824
2 NAME OF CORPORATION Insurance Reconstruction Services, Inc.
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE 41 Cedar Swamp Road
CITY Smithfield STATE RI ZIP CODE 02828
4 BUSINESS PHONE NO. (401) 231-3130
5 STATE OF INCORPORATION RHODE ISLAND
6 SIC CODE 0885

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Construction, reconstruction, restoration, and cleaning services; general sales at retail, and any other lawful purpose pertinent thereto.

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME			VICE PRESIDENT NAME		
John A. Anderson			Karen E. Anderson		
STREET ADDRESS			STREET ADDRESS		
116 Winchester Drive			116 Winchester Drive		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
North Scituate	RI	02857	North Scituate	RI	02857
SECRETARY NAME			TREASURER NAME		
John E. Anderson			Karen E. Anderson		
STREET ADDRESS			STREET ADDRESS		
116 Winchester Drive			116 Winchester Drive		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
North Scituate	RI	02857	North Scituate	RI	02857

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME			DIRECTOR NAME		
None.					
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS	NO PAR COM		135	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 herein are true and correct.

File Date: 3/1/96

Check No: 11162

By: *[Signature]*
For Secretary of State Use Only

[Signature]
Signature of Officer

John E. Anderson
Print or Type Name of Officer

President January, 1996
Title of Officer Date



ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0019824

1995

Corporate ID: _____ Annual Report for the year: _____

Insurance Reconstruction Services, Inc.

Name of Corporation: _____

Business entity organized under the laws of the State of: Rhode Island

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: () _____

Brief statement of the character of business conducted in Rhode Island:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

41 Cedar Swamp Road
Smithfield, RI 02828

construction, reconstruction, restoration,
and cleaning services; general sales at
retail, and any other lawful purpose
pertinent thereto.

Phone: (401) 231-3130

THE NAMES OF THE OFFICERS ARE:

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

John A. Anderson 116 Winchester Drive, North Scituate, RI

VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

Karen E. Anderson Same

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

John E. Anderson Same

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

Karen E. Anderson Same

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

None

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

PAID
FEB 17 1995
SECY OF STATE
MC 9012

NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series
1,000 Common, no par value

Number of Shares Class / Series
135 Common, no par value

Date 1/23 19 95

By: [Signature]
John E. Anderson
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 31 '95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

THOMAS N. TAREWELL
480 WOODRUFF AVENUE
WAKEFIELD RI 02879

Form No. 1000
1-7-83
State of Rhode Island

State of Rhode Island
Office of the Secretary of State
100 North Main Street
Providence, Rhode Island 02833
401-267-2330

Corporate ID. 0019824 Annual Report Due Date 1983

Name of Business Entity INSURANCE RECONSTRUCTION SERVICES, INC.

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number [REDACTED]

For foreign entity, address and telephone number of principal office

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

41 Cedar Swamp Road
Smithfield, RI 02828

Phone 401-231-3130

Business Entity is checked on:

- Business Corporation (See RIGL Chapter 2-2)
- Foreign or Foreign-Side Corporation (See RIGL Chapter 2-2)
- Limited Liability Company (See RIGL 2-2.16)

Name and mailing address of contact person to whom communications may be directed

John E. Anderson, President/Secretary

Winchester Drive

North Scituate, RI 02857

Brief statement of the character of business conducted in Rhode Island
to provide construction, reconstruction, restoration & cleaning services; general sales at retail & any other lawful purpose.

January 4, 1983

THE NAMES OF THE OFFICERS ARE:

John E. Anderson Winchester Drive, North Scituate, Rhode Island 02857

Karen E. Anderson same as above

John E. Anderson same as above

Dennis Gerol Asst. Secretary 15 Mosgansicut Lake Dr. Scituate, RI 02857

Karen E. Anderson Winchester Drive, North Scituate, Rhode Island 02857

THE NAMES OF THE DIRECTORS ARE:

John E. Anderson Winchester Drive, North Scituate, Rhode Island 02857

Karen E. Anderson same as above

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1,000

CLASS Common

SERIES --

PAR VALUE OR

WHOLE PAR No Par

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 135

CLASS Common

SERIES --

PAR VALUE OR

WHOLE PAR No Par

Date February 1984

John E. Anderson

John E. Anderson

President/Secretary

Form No. 1000

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS

PLEASE NOTE: If the Corporation has changed its registered office and/or registered agent for service of process, it must file a statement with the Secretary of State.

Filing Fee \$50.00

6050/17

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 19824 Annual Report for the year 1993

FIRST: The name of the corporation is INSURANCE RECONSTRUCTION SERVICES, INC.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is Insurance restoration, commercial and residential properties

FOURTH: If foreign corporation, address of its principal office Not applicable

FIFTH: Business address in Rhode Island 41 Cedar Swamp Road, Smithfield, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
John Anderson	President	12 Winchester Drive, N. Scituate, RI
Karen Anderson	Vice President	12 Winchester Drive, N. Scituate, RI
John Anderson	Secretary	
Karen Anderson	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
135	Common		no par value

Dated November 19 93

Insurance Reconstruction Services, Inc.
(Name of Corporation)

By [Signature]
John E. Anderson
Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903



Corporate ID 0019824 Annual Report for the year 1992

FIRST: The name of the corporation is Insurance Reconstruction Services, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is insurance appraisal & reconstruction

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

41 Cedar Swamp Road, Smithfield, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>John E Anderson</u>	<u>Director</u>	<u>41 Cedar Swamp Road, Smithfield, RI 02857</u>
<u>Karen Anderson</u>	<u>Director</u>	<u>same as above</u>
	<u>Director</u>	
<u>John E Anderson</u>	<u>President</u>	<u>same as above</u>
<u>Karen Anderson</u>	<u>Vice President</u>	<u>same as above</u>
<u>John E Anderson</u>	<u>Secretary</u>	<u>same as above</u>
<u>Karen Anderson</u>	<u>Treasurer</u>	<u>same as above</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1000</u>	<u>common</u>	<u>PAID</u>	<u>no par</u>

MAR 11 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>135</u>	<u>common</u>	<u>--</u>	<u>no par</u>

SECY OF STATE

Dated March 1992

Insurance Reconstruction Services, Inc.
(Name of Corporation)

By John E Anderson

Title John E Anderson, President

(Report must be signed by an officer)

Filing Fee \$500

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

55

Corporate ID 0019824 Annual Report for the year 1991

FIRST: The name of the corporation is Insurance Reconstruction Services, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to provide construction, reconstruction, restoration and cleaning services; general sales at retail and any other lawful purpose

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 490 Woodruff Avenue, Wakefield, RI 02879

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
John E. Anderson	Director	Winchester Drive, North Scituate, RI
Karen E. Anderson	Director	Same as above
	Director	
John E. Anderson	President	Same as above
Karen E. Anderson	Vice President	Same as above
John E. Anderson	Secretary	Same as above
L. Dennis Gerbe	Asst. Sec.	13 Belaire Drive., Johnston, RI
Karen E. Anderson	Treasurer	Winchester Drive, North Scituate, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common	--	No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
135	Common		No Par

PAID
MAR 01 1991
REGY OF STATE

Dated January 19 91

INSURANCE RECONSTRUCTION SERVICES, INC.
(Name of Corporation)

By John E. Anderson
John E. Anderson

Title President/Secretary

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 19824

Annual Report for the year 1990 *AA*

FIRST: The name of the corporation is INSURANCE RECONSTRUCTION SERVICES

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to provide constuction, reconstruction, restoration and cleaning services; general sales at retail and any other lawful purpose

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 490 Woodruff Ave., Wakefield, RI 02879

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
John E. Anderson	Director	Winchester Dr., North Scituate, RI
Karen E. Anderson	Director	same as above
	Director	
John E. Anderson	President	same as above
Karen E. Anderson	Vice President	same as above
John E. Anderson	Secretary	same as above
L. Dennis Gerbe	Asst. Secr.	13 Belaire Dr., Johnston, RI
Karen E. Anderson	Treasurer	Winchester Dr., North Scituate, RI

SEVENTH: Number of Shares authorized:

No of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common	---	no par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
135	common	---	no par

PAID
MAY 2 1990
SEC'Y. OF STATE

Dated 4/1 19 90

INSURANCE RECONSTRUCTION SERVICES
(Name of Corporation)

By *John E. Anderson*
John E. Anderson
Title President/Secretary

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Sal

Corporate ID 19874

Annual Report for the year 1989

FIRST: The name of the corporation is Insurance Reconstruction Services, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is To provide construction, reconstruction, restoration and cleaning services; general sales at retail and any other lawful purpose.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....

490 Woodruff Avenue, Wakefield, RI 02879

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
John E. Anderson	Director	Winchester Dr., North Scituate, RI
Karen E. Anderson	Director	Winchester Dr., North Scituate, RI
	Director	
John E. Anderson	President	Winchester Dr., North Scituate, RI
Karen E. Anderson	Vice President	same as above
John E. Anderson	Secretary	same as above
L. Dennis Gerbe	Assist. Secy.	13 Belaire Dr., Johnston, RI
Karen E. Anderson	Treasurer	Winchester Dr., North Scituate, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
135	Common		no par value

Dated 5/30 1989

INSURANCE RECONSTRUCTION SERVICES, INC.

(Name of Corporation)

By Karen E Anderson

Title V. pres

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 19824 Annual Report for the year 1988

FIRST: The name of the corporation is Insurance Reconstruction Services, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is To provide construction, reconstruction, restoration and cleaning services; general sales at retail and any other lawful purpose.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 492 Woodruff Avenue, Wakefield, RI 02879

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
John E. Anderson	President	Winchester Drive, North Scituate, RI
Karen E. anderson	Vice President	Same
John E. Anderson	Secretary	Same
L. Dennis Gerbi	Assist. Sec.	13 Belaire Drive, Johnston, RI
Karen E. anderson	Treasurer	Winchester Drive, North Scituate, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common	--	No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
135	Common	--	No Par Value

Dated Feb 22 19 88 Insurance Reconstruction Services, Inc.
(Name of Corporation)

By [Signature]
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....19824..... Annual Report for the year1987.....

FIRST: The name of the corporation is.....Insurance Reconstruction Services.....
.....Inc.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is...To provide construction, reconstruction,
restoration and cleaning services; general sales at retail and any other
lawful purpose.....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....7 Woodruff Avenue, Wakefield, RI 02879.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
.....	Director
John E. Anderson	President	Winchester Drive, North Scituate, RI
Karen E. Anderson	Vice President	Same as above
John E. Anderson	Secretary	Same as above
L. Dennis Gerbe	Assist.	Sec. 13 Belaire Drive, Johnston, RI
Karen E. Anderson	Treasurer	Winchester Drive, North Scituate, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		No Par Value

PAID

MAR 27 1987

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
135	Common	SECY. OF STATE	No Par Value

FEB 05 1987

Jond

Dated.....1.30 1987.....

Insurance Reconstruction Services, Inc.
(Name of Corporation)

By.....*[Signature]*.....

Title.....*President*.....

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 19824 Annual Report for the year 1986

FIRST: The name of the corporation is Insurance Reconstruction Services,
Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is To provide construction, reconstruction,
restoration and cleaning services; general sales at retail and any other
lawful purpose.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 7 Woodruff Avenue, Wakefield, RI 02879

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
.....	Director
John E. Anderson	President	Winchester Drive, North Scituate, RI
Karen E. Anderson	Vice President	as above
John E. Anderson	Secretary	as above
L. Dennis Gerbe	Assist. Sec.	13 Belaire Drive, Johnston, RI
Karen E. Anderson	Treasurer	Winchester Drive, North Scituate, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	--	No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
350	Common	--	No Par Value

Dated Jan. 30 19 86 INSURANCE RECONSTRUCTION SERVICES, INC.
(Name of Corporation)

MAR 29 ENT'D
(Report must be signed by an officer)

By [Signature]
Title President

Filing fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

1982/4

Annual Report for the year 1985

FIRST: The name of the corporation is
INSURANCE RECONSTRUCTION SERVICES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to provide construction, recon-
struction, restoration and cleaning services; general sales at retail
and other lawful purposes.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island
7 Woodruff Avenue, Wakefield, RI 02879

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
John E. Anderson	President	Winchester Drive, North Scituate, R.
Karen E. Anderson	Vice President	Same as above
John E. Anderson	Secretary	Same as above
Karen E. Anderson	Treasurer	Same as above

(If additional space is needed, attach rider)

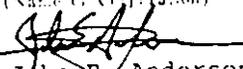
SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common	--	No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
135	Common	--	No par value

Dated: January 15, 1985 INSURANCE RECONSTRUCTION SERVICES, INC.
(Name of Corporation)

By: 
John E. Anderson
Title President

RECEIVED MAR 1985

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984

FIRST: The name of the corporation is
INSURANCE RECONSTRUCTION SERVICES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is To provide construction, reconstruction, restoration and cleaning services; general sales at retail and any other lawful purpose.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address)
7 Woodruff Avenue, Wakefield, RI 02879

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
John E. Anderson	President	Winchester Drive, North Scituate, RI
Karen E. Anderson	Vice President	same as above
John E. Anderson	Secretary	same as above
Karen E. Anderson	Treasurer	same as above

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	--	No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	--	No par value

Dated: Feb 18 19 84

4-53

INSURANCE RECONSTRUCTION SERVICES, INC.
(Name of Corporation)

By: *[Signature]*
Title: President

(Report must be signed by an officer)

JUL 10 1984
[Signature]

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040