



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *122031*		2. Name of Corporation Benn & Olsen Engineers, Inc.			
3. Street Address Principal Business Office 235 PROMENADE STREET, SUITE 475			City PROVIDENCE	State RI	Zip 02908
4. Business Phone No. (401) 453-2220		5. State of Incorporation RHODE ISLAND			6. SIC Code 7518
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE PROFESSIONAL ENGINEERING SERVICES					
3. NAMES AND ADDRESSES OF THE OFFICERS, BY WHOM THE CORPORATION IS TO BE MANAGED, BEFORE ISSUANCE OF SHARES					
President Name Harry A. Benn, Jr.			Vice President Name Stephen F. Olsen		
Street Address 235 Promenade Street, Suite 475			Street Address 235 Promenade Street, Suite 475		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Stephen F. Olsen			Treasurer Name Stephen F. Olsen		
Street Address 235 Promenade Street, Suite 475			Street Address 235 Promenade Street, Suite 475		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
2. NAMES AND ADDRESSES OF THE DIRECTORS, BY WHOM THE CORPORATION IS TO BE MANAGED, BEFORE ISSUANCE OF SHARES					
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 BY THE CHARTER AND BY THE STATE STATUTES AND BY THE BYLAWS, BEFORE ISSUANCE OF SHARES					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			200	Common	No Par Value

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



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**122031* 1/8/034:30:33 PM*

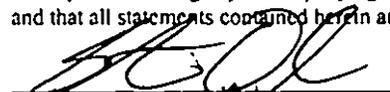
File Date 2/15/05

Check No. 1664

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.

 2-5-05
Signature of Officer Date
Stephen F. Olsen
Print or Type Name of Officer
Vice President
Title of Officer



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections: 1 Corporate ID No, 2 Name of Corporation, 3 Street Address, 4 Business Phone No, 5 State of Incorporation, 6 SIC Code, 7 Brief Description of the Character of Business, 8 NAMES AND ADDRESSES OF THE OFFICERS, 9 NAMES AND ADDRESSES OF THE DIRECTORS, 10. SHARES AUTHORIZED, 11. SHARES ISSUED.

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



* 1 2 2 0 3 1 *

File Date 1-22-04, Check No. 1306, 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 of Officer: Harry A. Benn Jr., Date: 1-14-04, Title of Officer: PRESIDENT



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT 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. *122031*		2. Name of Corporation Benn & Olsen Engineers, Inc.			
3. Street Address Principal Business Office 235 PROMENADE STREET, SUITE 475			City PROVIDENCE	State RI	Zip 02908
4. Business Phone No 4014532220		5. State of Incorporation RHODE ISLAND		6. SIC Code 7518	

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

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

President Name Harry A. Benn, Jr.			Vice President Name Stephen F. Olsen		
Street Address 81 Beechwood Drive			Street Address 1013 East Street		
City North Kingstown	State RI	Zip 02852	City Mansfield	State MA	Zip 02048
Secretary Name Stephen F. Olsen			Treasurer Name Stephen F. Olsen		
Street Address 1013 East Street			Street Address 1013 East Street		
City Mansfield	State MA	Zip 02048	City Mansfield	State MA	Zip 02048

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

Director Name N/A			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)

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

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

Number of Shares	Class/Series	Par Value
200	Common	None

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



* 1 2 2 0 3 1 *

**122031* 1/8/034:30:33 PM*

File Date 1-27-03

Check No. 1021

By: UP

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.

Harry A. Benn, Jr. 1-24-03
Signature of Officer Date

Harry A. Benn, Jr.
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. 122091 2. Name of Corporation Benn & Olsen Engineers, Inc.
3. Street Address Principal Business Office 235 Promenade Street, Suite 475 City Providence State RI Zip 02908
4. Business Phone No. 453-2220 5. State of Incorporation Rhode Island 6. SIC Code 7518
7. Brief Description of the Character of Business Conducted in Rhode Island
Engineering services

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

President Name <u>Harry A. Benn Jr.</u>	Vice President Name <u>Stephen F. Olsen</u>
Street Address <u>81 Beechwood Drive</u>	Street Address <u>1013 East Street</u>
City <u>North Kingstown</u> State <u>RI</u> Zip <u>02852</u>	City <u>Mansfield</u> State <u>MA</u> Zip <u>02048</u>
Secretary Name <u>Stephen F. Olsen</u>	Treasurer Name <u>Stephen F. Olsen</u>
Street Address <u>same</u>	Street Address <u>same</u>
City <u></u> State <u></u> Zip <u></u>	City <u></u> State <u></u> Zip <u></u>

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

Director Name <u>No directors</u>	Director Name <u></u>
Street Address <u></u>	Street Address <u></u>
City <u></u> State <u></u> Zip <u></u>	City <u></u> State <u></u> Zip <u></u>
Director Name <u></u>	Director Name <u></u>
Street Address <u></u>	Street Address <u></u>
City <u></u> State <u></u> Zip <u></u>	City <u></u> State <u></u> Zip <u></u>

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

AUTHORIZED SHARES	Class/Series	Par Value
<u>1,000 shares</u>	<u>Common</u>	<u>No par value</u>

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

ISSUED SHARES	Class/Series	Par Value
<u>200 shares</u>	<u>Common</u>	<u>No par value</u>

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

File Date: 3-8-02
Check No.: 175
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] Date March 1, 02
Harry A. Benn Jr.
Print or Type Name of Officer
President
Title of Officer