

Check No.

FOR SECRETARY OF STATE USE ONLY

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

100 North Main Street

Providence, RI 02903-1335 401.222.3040

Corporations Division

Matthew A. Brown, Secretary of State

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____

Filing Fee: \$50.00 Filing Period: January 1 - March 1 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation HNTB Rhode Island, Inc. 71332 3. Street Address Principal Business Office City State P.O. Box 412197 64141 Kansas City MO 6. SIC Code 4 Business Phone No. 5. State of Incorporation 7518 **RHODE ISLAND** (816) 472-1201 7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN AND PROVIDE ARCHITECTURAL SERVICES. ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name Terry K. Miller Gregory M. Detmer Street Address Street Address <u>35 Otis Street</u> Stree 66213...Needham MA l....02492..... ...Qxerland.Park....l....KS...... Secretary Name Michael E. Schuering <u>Michael E. Schuering</u> Street Address Street Address <u> 1844 N. Waterfield Lane</u> <u> 1844 N. Waterfield Lane</u> State State 64014 Blue Springs | MO | 64014 : Blue 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) MO FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Gregory M. Detmer Street Address <u>35 Otis Street</u> Zin State State J...02492....Needham......I...MA...... Sincer Address Street Address City State Zip. State Z(p Cin 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Number of Shares Class/Series Par Value Class/Series Par Value 10,000 \$.01 PAR VALUE \$.01 1000 Common 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

Signature of Officer

Title of Officer

Print or Type Name of Officer

Michael E. Schuering

Secretary/Treasury

Form 630 Rev. 12/03

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

02/05/04

Form 630 12/01

Date

PROFIT CORP Filing Period: January			PORT FOR THE YE.	AR <u>200</u>	4
FORM MUST BE TYPED	IN BLACK)				
1. Corporate ID No.	2. Name of Cor	poration			
71332	HNTB RHOI	DE ISLAND, INC	•		
3. Street Address Principal	l Business Office		City	State	Zip
P. O. BOX 41219	7		KANSAS CITY	мо	64141
4. Business Phone No.		5. State of Incor			6. SIC Code
(816) 472-1201		RI	•		7518
7. Brief Description of the	Character of Busines.	s Conducted in Rhode Isla	and		
Architects and	Engineers				
		CERS ("X" BOX FOR AT	TACHMENT) 🔲 FILL IN SPACES BI	FORE USING ATT	ACHMENTS
President Name			Vice President Name		
Gregory M. Detm	er		Charles L. O'Rei	11v. Je	
Street Address		. •	Street Address	11,, 01.	
35 Otis Street			75 Sheridan Stree	at	
City	Sinte	Zip	City	State	Zip
Needham	MA	02492	Woburn	MA	01801
Secretary Name		102632	Treasurer Name		
Michael E. Schue	ering		Michael E. Schuer	rina	
Street Address		Street Address	IIIg		
1844 N. Waterfie	eld Lane		1844 N. Waterfie	le tano	
City	State	Zip	City	State	Zip
Blue Springs	МО	64014	Blue Springs	MO	64014
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Director Name	0000 01 1111.15110.	CIOIM (A BOX FOR A	1	DEFURE USING A	TACHMEN 15
			Director Name		
Gregory M. Detmu	er				
			Street Address		
35 Otis Street City	l c.		_ .	- - - - - - - - - - 	
Needham	State	Zip	City	State	Zip
Director Name	MA	02492			
Director wame			Director Name		
Street Address	<u> </u>	 			
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City	State	7:-		1.	1
City	State	Zip	City	State	Zip
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10. SHARES AUTHORIZE	ED ("X" BOX FOR AT	IXCHMENT) [_]	11. SHARES ISSUED ("X"	BOX FOR ATTACHME	2 /17) [
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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			2,000	Continon	
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nus report must be sign	ica in ink by eune	r the President, Vice	President, Secretary, Assistant Under penalty of perjury		
7.9.	04		this report, including any and that all statements co	accompanying sch ontained herein are	edules and statements,

File Date Signature of Officer Check No. Michael E. Schuering Print or Type Name of Officer Ву: Secretary/Treasurer FOR SECRETARY OF STATE USE ONLY Title of Officer

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

(FORM MUST BE TYPED IN BLACK)

FOR SECRETARY OF STATE USE ONLY

S IF RI42678F.1

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

STOP PLEASE READ INSTRUCTIONS

Form 630 12/00

1. Corporate 1D No.	2. Name of Corporation		,			
71332	HNTB RHODE IS	SLAND, INC.				
3. Street Address Principal Business Offic			City	State	Zip	
P.O. BOX 412197			KANSAS CITY	мо	64141	
4. Business Phone No.		5. State of Incorporation	on .	•	6. SIC Code	
(816) 472-1201		RI			7518	
7. Brief Description of the Character of B	usiness Conducted in Rhode :	Island	· · · · · · · · · · · · · · · · · · ·			
Architects and Engi:	neers					
8. NAMES AND ADDRESSES OF	F THE OFFICERS ("X")	BOX FOR ATTACHMENT	FILL IN SPACES BEFORE USI	NG ATTACHMEN	VTS	
President Name	•	· ·	Vice President Name			
Gregory M. Detmer			Paul A. Yarossi			
Street Address			Street Address			
35 Otis Street			87 Smokey Ridge Road			
City	State	Ζιρ	City	State	Zip	
Needham	MA	02492	Ringwood	NJ	07456	
Secretary Name			Treasurer Name			
Michael E. Schuerin	3		Michael E. Schuering			
Street Address			Street Address			
1844 N. Waterfield Lane			1844 N. Waterfield La	ne		
City	State	Zip	City	State	Zip	
Blue Springs	MO	64014	Blue Springs	MO	64014	
9. NAMES AND ADDRESSES OF	THE DIRECTORS ("X	BOX FOR ATTACHMEN	(T) FILL IN SPACES BEFORE US	SING ATTACHMI		
Director Name			Director Name			
Gregory M. Detmer			1			
Street Address			Street Address			
35 Otis Street						
City	State	Zip	City	State	Zip	
Needham	MA	02492				
Director Name			Director Name			
			1			
Street Address		-	Street Address			
	·					
City	State	Zip	City	State	Zip	
		<u> </u>				
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	
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	<u> </u>		<u> </u>	<u> </u>		
his report must be signed in	ink by either the Pro	esident, Vice Presi	dent, Secretary, Assistant Secreta	ry, Treasurer, R	leceiver or Trustee	
			•	•		
			Under penalty of perjury,	I declare and affir	rm that I have examin	
		 _	this report, including any	accompanying scl	hedules and statemen	
7			and that all statements co	ntained herein ar	e true and correct.	
File Date: 2/24/1	13	}		<i></i> .		
File Date: 2/24/10		-	flural E	Musun	02/21/03	
0000	287		Signature of Officer	/	Date	
Check No.:		-	Michael E. Schu	ering		
	\mathcal{C}_{λ}	1	Print or Type Name of Officer			

Secretary/Treasurer

Title of Officer

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP
PLEASE READ
INSTRUCTIONS

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

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· '						
<u> </u>	E ISLAND, INC.					
•		1 - '	State	Zip		
	1	KANSAS CITY,	МО	64141		
			6. SIC Code			
		<u>d</u>		7518		
	ode Island					
	-	·		<u> </u>		
THE OFFICERS (X" BOX FOR ATTACHMENT)	, 1 =	G ATTACHMEN	<u>ets</u>		
		Vice President Name				
		Steven M. Reiss				
Street Address 25 Barnyard Lane						
	·	6445 Vale Street	,			
	Zip	Ciry	State	Zip		
MA	02351	Alexandria	VA	22312		
		Treasurer Name				
Michael E. Schuering						
Street Address 1844 N. Waterfield Lane			Street Address			
		1844 N. Waterfield La	ne			
State	Zıp	City	State	Zip		
MO	64014	Blue Springs	MO	64014		
THE DIRECTORS	("X" BOX FOR ATTACHMEN	7) TILL IN SPACES BEFORE US	ING ATTACHMI	ENTS		
		Director Name	·			
		<u> </u>				
<u>-</u>		Street Address				
State	7ip	City	State	7эр		
VA	22312					
		Director Name	-			
		Street Address				
State	Zip	City	State	Zıp		
BOX FOR ATTACHME	ντ) [11. SHARES ISSUED ("X" BOX FOR A	TTACHMENT)			
		ISSUED SHARES		_		
Class / Senes	Par Value	Number of Shares	Class/Series	Par Value		
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ink by either the	President Vice President	Hant Carratary Assistant Conrota	eu Transueas D	Pagainar of Tours		
	State MA State MO State MO State MO THE DIRECTORS State VA State Class / Senes Common	State of Incorporation Rhode Island PTS THE OFFICERS ("X" BOX FOR ATTACHMENT) State State State State State THE DIRECTORS ("X" BOX FOR ATTACHMEN State THE DIRECTORS ("X" BOX FOR ATTACHMEN State Zip VA 22312 State Zip BOX FOR ATTACHMENT) Class / Senes Par Value Common .01	HNTB RHODE ISLAND, INC. City KANSAS CITY, S State of Incorporation Rhode Island State Rhode Island PILL IN SPACES BEFORE USIN Wice President Name Steven M. Reiss State Zap City MA	HNTB RHODE ISLAND, INC. City		

File Date:	1-28-62
Check No.:	41434
By:	2r
FOR SECRETARY O	F 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.

MuhalE	Shuern	7 01-22-02
Signature of Officer	/	Date

Michael E. Schuering

Print or Type Name of Officer

Secretary/Treasurer

Title of Officer

Form 630 12/00

S FATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR __2001_

STOP
PLEASE READ
INSTRUCTIONS

FILING PERIOD: JA (FORM MUST BE TYP	nnuary I - March I	filing Fee: \$50.00			(ASTRUCTION)		
1 Corporate ID No.	2 Name of Con	paration					
71332	HNTB R	HODE ISLAND, INC	2.				
3 Street Address Princi	ipal Business Office		Cay	State	Zιμ		
P.O. BOX 4	12197		KANSAS CITY	, мо	64141		
4. Business Phone No.		5 State of Incorpora	ntion				
(816) 472-1	201	Rhode Isla	and		7518		
	the Character of Business Conduc						
Architects	& Engineers						
	ADDRESSES OF THE	OFFICERS ("X" BOX FOR	ATTACHMENT) FILL IN S	PACES BEFORE USING ATTA	ACHMENTS		
President Name	••		Vice President Name				
Gordon H. Slaney			Steven M. Re	iss			
Street Address			Street Address				
25 Barnyard Lane			6445 Vale St	reet			
City	State	Zιμ	City	Cuy State			
North Abing	ton MA	02351	Alexandria	VA.	22312		
Secretary Name		Treasurer Name	Treusurer Name				
Michael E. Schuering Street Address			Michael E. S	Michael E. Schuering Street Address			
1844 N. Wat	erfield Lane		1844 N. Wate	rfield Lane			
Cay	Stare	Zıp	Cuy	State	\mathbb{Z}_p		
Blue Spring	MO MO	64014	Blue Springs	мо	64014		
9. NAMES AND	ADDRESSES OF THE	DIRECTORS ("X" BOX FO		PACES BEFORE USING ATTA	ACHMENTS		
Director Name			Director Name		•		
Steven M. R	eiss						
Street Address	 		Street Address				
6445 Vale S	treet						
City	State	Zip	Cay	State	Zap		
Alexandria	VA	22312					
Director Name			Director Name	Director Name			
Street Address			Street Address				
City	State	Zip	City	State	Ζιρ		
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10. SHARES AU	THORIZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUI	E D ("X" BOX FOR ATTACHME	ENT)		
AUTHORIZED SHARE	ES		ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
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	1			1			

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

	salvel c
ile Date:	2/19/01
'heck No.:	31295
lv:	(A)

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
Miller Chris	7 02-08-01
Print or Type Name of Officer	/
Michael F Cobucrine	

Michael E. Schuering

Title of Officer

Secretary/Treasurer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

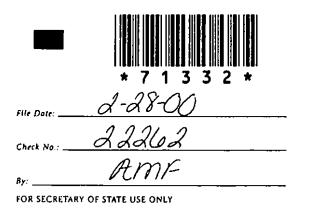
1. Corporate ID No.

2. Name of Corporation

71332 3. Street Address Principal Business O	HNTB Rhode	Island, Inc.	City	State	Zip
P.O. Box 412197 4. Business Phone No.		5. State of Incorporation	Kansas City	MO	64141 6. SIC Code
(816) 472-1201 7. Brief Description of the Character of	of Business Conducted in	RHODE ISLAND			1818 541330
Architects & Eng. 8. NAMES AND ADDRESS. President Name		CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BE Vice President Name	FORE USING ATTA	CHMENTS
Gordon H. Slaney	, Jr.		Steven M. Reiss		
25 Barnyard Lane	State	Zip	6445 Vale St.	State	Zip
North Abington Secretory Name	MA	02351	Alexandria Treasurer Name	VA	22312
Michael E. Schue:	ring		Michael E. Schuer Street Address	ring	
1844 N. Waterfie	ld Lane		1844 N. Waterfiel	.d Lane	
City	State	Zip	City -	State	ZIp
Blue Springs	MO	64014	Blue Springs	MO	64014
9. NAMES AND ADDRESS Director Name	ES OF THE DIRE	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATT	ACHMENTS
Steven M. Reiss			Street Address		
6445 Vale Street					
City	Stale	Zip	City	State	Zip
Alexandria Director Name	VA	22312	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED STARES	("X" BOX FOR ATT)	ACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMEN	π)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value

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

1,000



10,000 SHS \$.01 PAR VALUE

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.

Common

Michael E. Schuering

Print or Type Name of Officer

Secretary/Treasurer

Title of Officer



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James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

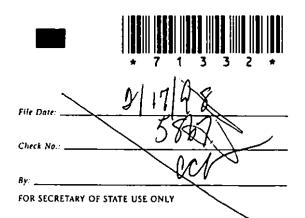
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

101-277-3040 STOP

(FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No. 71332	2. Name of Corporal HNTB Rhod	e Island, Inc.	•		
3. Street Address Principal Business P.O. Box 4123	•		chy Kansas City	State MO	^{Zip} 64141
4. Rusiness Phone No. (816) 472-1201		5. State of Incorporation RHODE ISLA!			6. SIC Code 7518
7. Brief Description of the Characte Architects & Eng		n Rhode Island			
8. NAMES AND ADDRES President Name John W. Wight, 3		CERS (*X* BOX FOR ATTA	CHMENT) Vice President Name Steven M. Reis	s	
Street Address 11 Park Lane			Street Address 6445 Vale St.		
cuy Madison	State NJ	zip 07940	_{Cir} Alexandria	State VA	^{Zip} 22312
Secretary Name Michael E. Schue	ering		Treasurer Name Michael E. Sch	uering	
Street Address 1844 N. Waterfie	eld Lane		Street Address 1844 N. Waterf	ield Lane	
Clly Blue Springs	State MO	zip 64014	Clty Blue Springs	State MO	^{Zip} 64014
9. NAMES AND ADDRES Director Name Steven M. Reiss	SSES OF THE DIRE	ECTORS ("X" BOX FOR AT	TACHMENT) Director Name		
Street Address 6445 Vale Stree	t		Street Address		
^{Cily} Alexandria	State VA	zip 22312	City	State	· Zip
Director Kame			Director Name	•	•
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	ED ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED (*x	* BOX FOR ATTACHMEN	TT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

1,000



10,000 SHS \$.01 PAR VALUE

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.

2-12-98

Common

.01

Date

Mulacle. Therenny Signature of Officer

Michael E. Schuering
Print or Type Name of Officer

Secretary/Treasurer





James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

Zip

64141

6. SIC Code

• • •				
PROFIT	CORPORATION	ANNHAL	REPORT	1997

iling Period: January	I-March 1	•	Filing	Fec:	\$50.00
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(FORM MUST BE TYPED IN BLACK)

(816) 472-1201

I. Corporate ID No.

2. Name of Corporation

71332

Street Address

HNTB Rhode Island, Inc.

3. Street Address Principal Business Office
P.O. Box 412197
Kansas City
MO
4. Business Phone No.

5. State of Incorporation

RHODE ISLAND 7518

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

Architects & Engineers
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name Vice President Name

John W. Wight, Jr. Steven M. Reiss

ll Park Lane 6445 Vale St.

City State Zip City State Zip

Madison NJ 07940 Alexandria VA 22312
Secretary Name
Treasurer Name

Street Address

Michael E. Schuering

Michael E. Schuering

Street Address

Michael E. Schuering

1844 N. Waterfield LANE 1844 N. Waterfield Lane

City State Zip City State Zip

Blue Springs MO 64014 Blue Springs MO 64014

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

Director Name Director Name

Steven M. Reiss

Street Address Street Address

6445 Vale St.

City State Zip City State Zip

Alexandria VA 22312

Director Name

Director Name

Street Address Street Address

City State Zip City State Zip

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

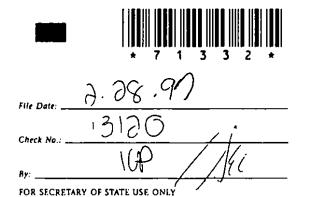
AUTHORIZED SHARES SSUED SHARES

Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

10,000 SHS \$.01 PAR VALUE

1,000.) Common .01

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.

Signature of Officer Date

Michael E. Schuering
Print or Type Name of Officer

Secretary/Treasurer

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 I	PRINT IN BLACK INK.				
2. NAME OF CORPORATION				· · · · · · · · · · · · · · · · · · ·		
HNTB I	Rhode Island, I	nc.				
FICE	·· · · · · · · · · · · · · · · · · · ·	an	STATE	ZIP COOE		
			MO	64141		
	5 STATE OF INCORPORATION	Tunibub Cicy		6 SIC CODE		
	RHODE I	SLAND		7518		
BUSINESS CONDUCTED IN RHOOE I	SLAND			/516		
 				··· — · — — ···		
	ME2 AND AUDH	WCE PRESIDENT NAME				
[r		Pichard F Parns	ın.			
Lt. 0		STREET ADDRESS				
		, 4714 Holly				
1			1	ZIP CODE		
<u>l</u> NJ	1 07940	Kansas City	MO	64112		
rina			wina			
Michael E. Schuering			SIRET ADDRESS			
eld Lane		1844 N. Waterfield Lane				
STATE	ZIP COOE	άπν	STATE	ZIP CODE		
MO	64014	Blue Springs	MO	64014		
_ 9 N A	MES AND ADDR	ESSES OF THE DIR	ECTORS			
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		STREET ADDRESS				
T STATE	Tap coor	άΤΥ	STATE	ZIP COO€		
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1	04112	DRECTOR NAME	 			
		STREET ADORESS				
	7 To 202	APPL APPL	· V 03.05			
. STATE	ZP COO€	CTY .	STATE	ZIP CODE		
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10. S	HARES AUTHOR	IZED AND ISSUED				
		•	ISSUED SHARES			
AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	MUMBER OF SHARES	·	PAG VALUE		
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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:

Check No:

By: For Secretary of State Use Only



Michael E. Schuering

Print or Type Name of Officer

<u>2/21/9</u>6

Secretary/Treasurer Title of Officer

Signature of Officer

Date

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1

Filing Fee \$50.00

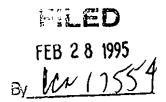
Make Checks Payable to: Secretary of State

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

Corporate ID:		Annual Report for t	1995 he year:		
HNTE	Rhode Island, Inc	•	,		
Name of Corporation: Business entity organized under the laws of the State of: _Rhode_Island For foreign entity, address and telephone number of principal office: N/A		Business Entity is (check one): [X] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1)			
Phone: () Address and telephone of the principal office Island (Provide street address - Not P.O. Box) C. T. Corporation Sy 123 Dyer St.	of business entity in Rhode	Brief statement of Archite	f the character of business conducte ct and Engineering Cor	d in Rhode Island: nsulting	
Providence, RI 02					
Phone: ()	THE NAMES OF TE	HE OFFICERS AR	E:		
PRESIDENT	STREET ADD		CITY/STATE	ZIP CODE	
John W. Wight, Jr.	ll Park Lane		Madison, NJ	07940	
VICE PRESIDENT	STREET ADS	ORESS	CITY/STATE	ZI2 CODE	
Richard L. Farnan	4714 Holly STREET ADI	DECC	Kansas City, MO	64112 ZIP CODE	
Kendall T. Lincoln	6324 Dearborn		Mission, KS	66202	
TREASURER	STREET ADD		CITY/STATE	ZPCODE	
Kendall T. Lincoln	6324 Dearborn		Mission, KS	66202	
	THE NAMES OF TH				
NAME	STREET ADI		CITY/STATE	ZIP CODE	
Richard L. Farnan	\$&!\$ Holly		Kansas City, MO	64112	
NAME	STREET ADI	DRESS	CITY/STATE	ZiP CODE	
NAME:	STREET ADI	DRESS	СПУЛТАПЕ	ZIP CODE	
NUMBER OF SHARES AUTHORIZED (Rider	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)				
Number of Shares Class / Ser	ries	Number of Shares	Class / Series	·	
10,000 Comm	on	10,000	COmmon		
Date February 23rd		Kendall Kendall	T. Lincoln NG Secretary/Treasurer		
Form 31 1/95	THLE OF OF	FICER SIGNING	7,		
DESI	GNATED REGISTERED AGI	ENT FOR SERVIC	E OF PROCESS:		

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

CT CORPORATION SYSTEM 123 DYER STREET PROVIDENCE RI 02903



Filing Fee \$50.00 Payable to. Secretary of State

PLEASE TYPE or PRINT

File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street

100 North Main Street Providence, Rhode Island 02903-1335 401-277 3040

Corporate ID: 0071332		Annual Report	for the year:	_ 1994		
Name of Business Entity:		HNTB Rho	ode Island,	Inc.		
	Phode Teland	Business En	tity is (check one)			
Business entity organized under the laws of the State of	igiode 1 <u>51410</u>		Business Corporation (S			
Federal Taxpayer Identification Number:		[] Professional Service Corporation (See RIGL Chapter 7-S.1)				
For foreign entity, address and telephone number of principal office: N/A		[] Limited Liability Company (See RIGL 7-16) Name, title and mailing address of contact person to whom communications may be directed John S. Watson, Tax Manager P-0-Box 412197				
Phone: ()	Kansas City,_MO 64141					
Address and telephone of the principal office of busine Island (Provide street address - Not P.O. Box):	ss entity in Rhode	Brief statem	ent of the character of b	ousiness conducted	in Rhode Island	
C.T. Corporation System_						
123 Dyer <u>St.</u>						
Providence, RI 02903			anization: 1/14			
Phone. ()		Date of Qua	lification to do business	s in Rhode Island (i.	f foreign entity)	
· · · ·	THE NAMES OF T	HE OFFICERS	ARE:	· _ _	··- - -	
TO CHIEF EXECUTIVE GENCER ON THE PRESIDENT (CHARGO) OF	STREET AL	DORESS	CHASTATI		∠⊭coñ∈ 07940	
John W. Wight, Jr.	<u>11 Park Lan</u>		Madison, N		ZiP COUE	
Richard L. Farnan	4714 Holly	DAESS	Kansas Cit		64112 ZIP COCE	
Kendall T. Lincoln	63 <u>24 Dearbo</u>		Mission, K		66,202	
Kendall T. Lincoln	6324 Dearbo	_	Mission, K		66202	
NAMI	THE NAMES OF T	HE DIRECTOR	S ARE:		- ZIP CODE	
Richard L. Farnan	4714 Holly	0.20, 11	Kansas Cit		64112	
NAME.	STRUETA	UDRESS	CITY STATE	k.	ZB COOL	
NAME	STREET A	DORESS	CLASTATE			
NUMBER OF SHARES AUTHORIZED (If Applica	able)	NUMBER OF	SHARES ISSUED AN	— — DOUTSTANDING	(If Applicable)	
NUMBER 10,000		NUMBER	1,000	FILE	ogs.	
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Date February 18 19	94 By.	Kend	all T. L	incols	<u>ب</u>	
	PRINTOR	Kend	all <u>T. Lincoln</u> esicsisc		<u> </u>	
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DESIGNATED REG	ICTEDED AN DUCIE	ENT ACENT E	OD SERVICE OF I	PROCESS.		