



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 102732		2. Name of Corporation Halvorson Design Partnership, Inc.			
3. Street Address Principal Business Office 161 Massachusetts Avenue			City Boston	State MA	Zip 02115
4. Business Phone No. 617-536-0380		5. State of Incorporation MASSACHUSETTS		6. SIC Code 7682	
7. Brief Description of the Character of Business Conducted in Rhode Island PROFESSIONAL LANDSCAPE ARCHITECTURAL SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CRAIG C HALVORSON			Vice President Name		
Street Address 124 RAWSON RD			Street Address		
City Brookline	State MA	Zip 02146	City	State	Zip
Secretary Name CRAIG C HALVORSON			Treasurer Name PETER C. WELANETZ		
Street Address 124 RAWSON RD			Street Address 55 OAKLAND RD.		
City Brookline	State MA	Zip 02146	City Brookline	State MA	Zip 02146
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name CRAIG C HALVORSON			Director Name PETER C WELANETZ		
Street Address 124 RAWSON RD			Street Address 55 OAKLAND RD		
City Brookline	State MA	Zip 02146	City Brookline	State MA	Zip 02146
Director Name DEBORAH D. WITALAN			Director Name		
Street Address 42 FRUIT STREET			Street Address		
City MANSFIELD	State MA	Zip 02048	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 300,000 COMM \$0.01 PAR VALUE	Class/Series	Par Value	Number of Shares 1667	Class/Series COMMON	Par Value .01

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



102732

FILED

File Date MAY 02 2005 12372

Check No. By UB

By: _____

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.

Craig Halvorson 2/17/05
Signature of Officer Date

CRAIG HALVORSON
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. 102732		2. Name of Corporation Halvorson Design Partnership, Inc.			
3. Street Address Principal Business Office 161 Massachusetts Avenue			City Boston	State MA	Zip 02115
4. Business Phone No. 617-536-0380		5. State of Incorporation MASSACHUSETTS		6. SIC Code 7682	
7. Brief Description of the Character of Business Conducted in Rhode Island PROFESSIONAL LANDSCAPE ARCHITECTURAL SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Craig C Halvorson			Vice President Name		
Street Address 124 Rawson Rd			Street Address		
City BROOKLINE	State MA	Zip 02445	City	State	Zip
Secretary Name Craig C. Halvorson			Treasurer Name Peter C. Welanetz		
Street Address 124 Rawson Rd			Street Address 55 OAKLAND RD		
City BROOKLINE	State MA	Zip 02445	City BROOKLINE	State MA	Zip 02445
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Craig C Halvorson			Director Name Peter C. Welanetz		
Street Address 124 Rawson Rd			Street Address 55 OAKLAND RD		
City BROOKLINE	State MA	Zip 02445	City BROOKLINE	State MA	Zip 02445
Director Name Deborah D. WHELAX			Director Name		
Street Address 42 Fruit Street			Street Address		
City MANSFIELD	State MA	Zip 02048	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
300,000	COMM \$0.01 PAR VALUE		1667	COMM. 01 PAR VAL	17

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



* 1 0 2 7 3 2 *

File Date 2.27.04
 Check No. 10281
 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.

Signature of Officer [Signature] Date 2/25/04
 Print or Type Name of Officer Craig C Halvorson
 Title of Officer President



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. 102732 2. Name of Corporation The Halvorson Company, Inc. ~~HALVORSON~~ Design Partnership, Inc

3. Street Address Principal Business Office 161 Massachusetts Avenue City Boston State MA Zip 02115

4. Business Phone No. 617-536-0380 5. State of Incorporation MASSACHUSETTS 6. SIC Code 7682

7. Brief Description of the Character of Business Conducted in Rhode Island
Architectural Services - Landscape

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

President Name CRAIG C. HALVORSON
Street Address 124 Rawson RD
City Brookline State MA Zip 02445

Secretary Name CRAIG C. HALVORSON
Street Address 124 Rawson RD
City Brookline State MA Zip 02445

Vice President Name Peter C. Welanetz
Street Address 55 OAKLAND ST
City Brookline State MA Zip 02445

Treasurer Name Peter C. Welanetz
Street Address 55 OAKLAND ST
City Brookline State MA Zip 02445

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

Director Name CRAIG C HALVORSON
Street Address 124 RAWSON RD
City Brookline State MA Zip 02445

Director Name Deborah D. Whelan
Street Address 42 Fruit Street
City Mansfield State MA Zip 02048

Director Name Peter C. Welanetz
Street Address 55 OAKLAND RD
City Brookline State MA Zip 02445

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	300,000	COMM \$0.01 PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1667	Comm .01 PARVAL	17

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



* 1 0 2 7 3 2 *

File Date: 4-14-03

Check No.: 12171

By: iUP

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.

Craig Halvorson 4/27/03
Signature of Officer Date

CRAIG C. HALVORSON
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. **102732** 2. Name of Corporation **The Halvorson Company, Inc.**
3. Street Address Principal Business Office **161 Massachusetts Ave Boston MA 02115**
4. Business Phone No. **617-536-0380** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **7682**
7. Brief Description of the Character of Business Conducted in Rhode Island **Services**

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

President Name **CRAIG C. HALVORSON** Vice President Name
Street Address **124 RAWSON RD** Street Address
City **Brockline** State **MA** Zip **02445** City State Zip
Secretary Name **CRAIG C HALVORSON** Treasurer Name **Peter C. Welanetz**
Street Address **124 RAWSON RD** Street Address **55 OAKLAND RD**
City **Brockline** State **MA** Zip **02445** City **Brockline** State **MA** Zip **02146**

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

Director Name **CRAIG C HALVORSON** Director Name **Peter C. Welanetz**
Street Address **124 RAWSON RD** Street Address **55 OAKLAND RD.**
City **Brockline** State **MA** Zip **02445** City **Brockline** State **MA** Zip **02146**
Director Name **Deborah Welanetz**
Street Address **42 Fruit Street**
City **Mansfield** State **MA** Zip **02048**

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	300,000	COMM \$01 PAR VAL	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1667	101 COMMON PARK VALUE	17.

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



* 1 0 2 7 3 2 *

File Date: 02-26-02
19634
Check No.: 2
By: _____

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.

Craig Halvorson 2/20/02
Signature of Officer Date
CRAIG HALVORSON
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. **102732** 2. Name of Corporation **The Halvorson Company, Inc.**

3. Street Address Principal Business Office
161 Massachusetts Ave City **Boston** State **MA** Zip **02115**
4. Business Phone No. **617-536-0380** 5. State of Incorporation **MASSACHUSETTS** 6. **7682e**

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

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

President Name CRAIG C HALVORSON	Vice President Name
Street Address 124 RANSON RD	Street Address
City State Zip BROOKLINE MA 02445	City State Zip
Secretary Name CRAIG C HALVORSON	Treasurer Name PETER C. WELNETZ
Street Address 124 RANSON RD	Street Address 55 OAKLAND RD
City State Zip BROOKLINE MA 02445	City State Zip BROOKLINE MA 02146

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

Director Name CRAIG C. HALVORSON	Director Name Peter c. welnetz
Street Address 124 RANSON RD.	Street Address 55 OAKLAND RD
City State Zip BROOKLINE MA 02445	City State Zip BROOKLINE MA 02146
Director Name Deborah D. Whelan	Director Name
Street Address 42 Fruit Street	Street Address
City State Zip Mansfield MA 02048	City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
300,000 COMM \$.01 PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1667. .01 PAR VAL COMM 17.

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



* 1 0 2 7 3 2 *

File Date: 2/28
Check No.: 18735
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] 2/23/2001
Signature of Officer Date
CRAIG HALVORSON
Print or Type Name of Officer
V. 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. **102732** 2. Name of Corporation **The Halvorson Company, Inc.**

3. Street Address Principal Business Office
161 Massachusetts Avenue City **Boston** State **MA** Zip **02115**

4. Business Phone No. **617-536-0380** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **7682**

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

LANDSCAPE ARCHITECTURE

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

President Name CRAIG HALVORSON	Vice President Name
Street Address 124 RAWSON RD.	Street Address
City State Zip Brookline MA 02146	City State Zip
Secretary Name CRAIG HALVORSON	Treasurer Name PETER WELANETZ
Street Address AS ABOVE	Street Address 55 OAKLAND RD
City State Zip	City State Zip Brookline MA 02146

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

Director Name CRAIG HALVORSON	Director Name
Street Address AS ABOVE	Street Address
City State Zip	City State Zip
Director Name PETER WELANETZ	Director Name
Street Address AS ABOVE	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES

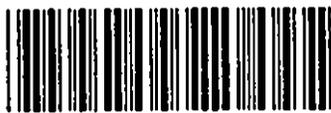
Number of Shares	Class/Series	Par Value
300,000	COMM	\$.01 PAR VAL

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1667	Common	.01

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



* 1 0 2 7 3 2 *

File Date: 2-24-00

Check No.: 11341

By: AMF

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.

CRAIG HALVORSON 2/22/2000
Signature of Officer Date

CRAIG HALVORSON
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. 102732		2. Name of Corporation The Halvorson Company, Inc.	
3. Street Address Principal Business Office 161 Massachusetts Avenue		City Boston	State MA
4. Business Phone No. 617-536-0380		5. State of Incorporation MASSACHUSETTS	
6. SIC Code 7682			
7. Brief Description of the Character of Business Conducted in Rhode Island Landscape Architecture			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name CRAIG HALVORSON		Vice President Name	
Street Address 124 RAWSON ROAD		Street Address	
City Brockline	State MA	City	State
Zip 02146		Zip	
Secretary Name CRAIG HALVORSON		Treasurer Name Peter Welanetz	
Street Address AS ABOVE		Street Address 55 OAKLAND RD	
City	State	City Brockline	State MA
Zip		Zip 02146	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name CRAIG HALVORSON		Director Name	
Street Address AS ABOVE		Street Address	
City	State	City	State
Zip		Zip	
Director Name Peter Welanetz		Director Name	
Street Address AS ABOVE		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
300,000 COMM \$01 PAR VAL		1667	Common
			01 PAR

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



File Date: May 11, 1999

Check No.: 11220

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 of Officer: [Signature] Date: 3/8/99

Print or Type Name of Officer: CRAIG HALVORSON

Title of Officer: PRESIDENT