



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. 95732		2. Name of Corporation PK Associates, Inc.			
3. Street Address Principal Business Office 100 Weymouth St., Unit B1			City Rockland	State MA	Zip 02370
4. Business Phone No. 781-871-6040		5. State of Incorporation MASSACHUSETTS			6. SIC Code 7518
7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION INSPECTION AND MATERIALS TESTING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul Skorohod			Vice President Name Kenneth Oliver		
Street Address 120 School Street			Street Address 11 Highland Drive		
City Rehoboth	State MA	Zip 02769	City Sandwich	State MA	Zip 02563
Secretary Name Paul Skorohod			Treasurer Name Paul Skorohod		
Street Address same as above			Street Address same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Paul Skorohod			Director Name Kenneth Oliver		
Street Address 120 School Street			Street Address 11 Highland Drive		
City Rehoboth	State MA	Zip 02769	City Sandwich	State MA	Zip 02563
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 200,000			ISSUED SHARES 900		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200,000 COMM \$01 PAR VALUE			900	Common	NO PAR

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



File Date 5/31/05
Check No. 12404
By: DA
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including all accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Paul M. Skorohod
Print or Type Name of Officer

President
Title of Officer

5/27/05
Date



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 95732		2. Name of Corporation P.K. Associates, Inc.	
3. Street Address Principal Business Office 100 Weymouth Street, Unit B1		City Rockland	State MA
4. Business Phone No. 781-871-6040		5. State of Incorporation Massachusetts	6. SIC Code 7518
7. Brief Description of the Character of Business Conducted in Rhode Island Consulting Services			

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

President Name Paul Skorohod	Vice President Name Kenneth Oliver
Street Address 120 School Street	Street Address 11 Highland Drive
City Rehobeth MA 02769	City Sandwich MA 02563
Secretary Name Paul Skorohod	Treasurer Name Paul Skorohod
Street Address same	Street Address same
City Rehobeth MA 02769	City Sandwich MA 02563

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

Director Name Paul Skorohod	Director Name Kenneth Oliver
Street Address 120 School Street	Street Address 11 Highland Drive
City Rehobeth MA 02769	City Sandwich MA 02563
Director Name Paul Skorohod	Director Name Kenneth Oliver
Street Address same	Street Address same
City Rehobeth MA 02769	City Sandwich MA 02563

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES	200,000		ISSUED SHARES	900	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200,000	Common	\$0.01	900	Common	NO PAR

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: [Signature] Date: 8/19/04
Print or Type Name of Officer: _____
Title of Officer: _____

File Date: _____
Check No.: 100252004
By: [Signature]
FOR SECRETARY OF STATE USE ONLY



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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 95732		2. Name of Corporation P.K. Associates, Inc.			
3. Street Address Principal Business Office 100 Weymouth Street Unit B1			City Rockland	State MA	Zip 02370
4. Business Phone No. 781-871-6040		5. State of Incorporation Massachusetts		6. SIC Code 7518	
7. Brief Description of the Character of Business Conducted in Rhode Island Consulting Services					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul Skorohod			Vice President Name Kenneth Oliver		
Street Address 120 School Street			Street Address 11 Highland Drive		
City Rehobeth	State MA	Zip 02769	City Sandwich	State MA	Zip 02563
Secretary Name Paul Skorohod			Treasurer Name Paul Skorohod		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Paul Skorohod			Director Name Kenneth Oliver		
Street Address 120 School Street			Street Address 11 Highland Street		
City Rehobeth	State MA	Zip 02769	City Sandwich	State MA	Zip 02563
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 200,000			ISSUED SHARES 900		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200,000	Common	\$0.01	900	Common	NO PAR

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: Paul M Skorohod Date: 9-19-03
 Title of Officer: President

File Date: 9-22-03
 Check No.: 10123
 By: [Signature]
 FOR SECRETARY OF STATE USE ONLY



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. **95732** 2. Name of Corporation **P. K. ASSOCIATES, INC.**
3. Street Address Principal Business Office **100 WEYMOUTH STREET, UNIT B** City **ROCKLAND** State **MA** Zip **02370**
4. Business Phone No. **(781)871-6040** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **7518**
7. Brief Description of the Character of Business Conducted in Rhode Island **CONSULTING SERVICES**

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

President Name PAUL SKOROHOD	Vice President Name KENNETH OLIVER
Street Address 120 SCHOOL STREET	Street Address 11 HIGHLAND DRIVE
City State Zip REHOBETH MA 02769	City State Zip SANDWICH MA 02563
Secretary Name PAUL SKOROHOD	Treasurer Name PAUL SKOROHOD
Street Address SAME	Street Address SAME
City State Zip	City State Zip

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

Director Name PAUL SKOROHOD	Director Name KENNETH OLIVER
Street Address 120 SCHOOL STREET	Street Address 11 HIGHLAND DRIVE
City State Zip REHOBETH MA 02769	City State Zip SANDWICH MA 02563
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	200,000	
Number of Shares	Class/Series	Par Value
200,000	COMMON	\$0.01

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

ISSUED SHARES	900	
Number of Shares	Class/Series	Par Value
900	COMMON	NO PAR

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

File Date: 8.27.02
Check No.: 8333
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: [Signature] Date: 8/26/02
PAUL SKOROHOD

Print or Type Name of Officer
PRESIDENT

Title of Officer
5



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. 95732		2. Name of Corporation P. K. ASSOCIATES, INC.	
3. Street Address Principal Business Office 100 WEYMOUTH STREET, UNIT B		City ROCKLAND	State MA
4. Business Phone No. (781) 871-6040		5. State of Incorporation MASSACHUSETTS	
6. SIC Code 7518		7. Brief Description of the Character of Business Conducted in Rhode Island CONSULTING SERVICES	

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

President Name PAUL SKOROHOD			Vice President Name KENNETH OLIVER		
Street Address 40 PATRICIA DRIVE			Street Address 11 HIGHLAND DRIVE		
City ABINGTON	State MA	Zip 02351	City SANDWICH	State MA	Zip 02563
Secretary Name PAUL SKOROHOD			Treasurer Name PAUL SKOROHOD		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip

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

Director Name PAUL SKOROHOD			Director Name KENNETH OLIVER		
Street Address 40 PATRICIA DRIVE			Street Address 11 HIGHLAND DRIVE		
City ABINGTON	State MA	Zip 02351	City SANDWICH	State MA	Zip 02563
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES 200,000			ISSUED SHARES 900		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200,000	COMMON	\$0.01	900	COMMON	NO PAR

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

File Date: 11-5-01
 Check No: 60785
 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: 10/12/01
 Print or Type Name of Officer: PAUL SKOROHOD
 Title of Officer: PRES.

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. **95732** 2. Name of Corporation **PK Associates, Inc. **TO DO BUSINESS UNDER FICTITIOUS NAME ONLY OF: P**

3. Street Address Principal Business Office **100 WEYMOUTH ST., UNIT B** City **ROCKLAND** State **MA** Zip **02370**

4. Business Phone No. **(781) 871-6040** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **235900**

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

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

President Name PAUL SKOROHOD Street Address 40 PATRICIA DR. City ABINGTON State MA Zip 02351	Vice President Name KENNETH OLIVER Street Address 11 HIGHLAND DR. City SANDWICH State MA Zip 02066
PAUL SKOROHOD Street Address 40 PATRICIA DR. City ABINGTON State MA Zip 02351	PAUL SKOROHOD Street Address 40 PATRICIA DR. City ABINGTON State MA Zip 02351

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

PAUL SKOROHOD Street Address 40 PATRICIA DR. City ABINGTON State MA Zip 02351	KENNETH OLIVER Street Address 11 HIGHLAND DR. City SANDWICH State MA Zip 02066
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	20,000	COMM	NO PAR VALUE

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	900	COMMON	NO PAR VALUE

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



* 9 5 7 3 2 *

File Date: 3/17/00
Check No.: 3948
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] 3/15/00
Signature of Officer Date
PAUL SKOROHOD
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. 95732		2. Name of Corporation PK Associates, Inc.**TO DO BUSINESS UNDER FICTITIOUS NAME ONLY OF: PK Mater	
3. Street Address Principal Business Office 100 WEYMOUTH ST. UNIT B		City ROCKLAND	State MA
4. Business Phone No. 781-871-6040		5. State of Incorporation MASSACHUSETTS	
7. Brief Description of the Character of Business Conducted in Rhode Island ENGINEERING - CONSULTING SERVICES		6. SIC Code 235900	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name PAUL SKOROHOD		Vice President Name KENNETH OLIVER	
Street Address 40 PATRICIA DRIVE		Street Address 11 HIGHLAND DRIVE	
City ABINGTON	State MA	City SANDWICH	State MA
Zip 02351		Zip 02066	
Secretary Name PAUL SKOROHOD		Treasurer Name PAUL SKOROHOD	
Street Address 40 PATRICIA DRIVE		Street Address 40 PATRICIA DRIVE	
City ABINGTON	State MA	City ABINGTON	State MA
Zip 02351		Zip 02351	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name PAUL SKOROHOD		Director Name KENNETH OLIVER	
Street Address 40 PATRICIA DRIVE		Street Address 11 HIGHLAND DRIVE	
City ABINGTON	State MA	City SANDWICH	State MA
Zip 02351		Zip 02066	
Director Name KENNETH OLIVER		Director Name PAUL SKOROHOD	
Street Address 11 HIGHLAND DRIVE		Street Address 40 PATRICIA DRIVE	
City SANDWICH	State MA	City ABINGTON	State MA
Zip 02066		Zip 02351	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES	ISSUED SHARES		
Number of Shares	Number of Shares	Class/Series	Par Value
20,000 COMM NO PAR VALUE	900 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: 4/18/99
Check No.: 2389
By: JS
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: Paul Skorohod Date: 3/5/99
Print or Type Name of Officer: PAUL SKOROHOD
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 98

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 95732
2. Name of Corporation PK Materials Testing
3. Street Address Principal Business Office
100 Weymouth Street, Unit B-1
4. Business Phone No. 781-871-6040
5. State of Incorporation MA

City Rockland State MA Zip 02370
6. SIC Code

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

Construction Testing

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

President Name Paul Skorohod
Street Address 40 Patricia Drive
City Abington State MA Zip 02351

Vice President Name Kenneth Oliver
Street Address 11 High Street
City Sandwich State MA Zip 02563

Secretary Name Paul Skorohod
Street Address 40 Patricia Drive
City Abington State MA Zip 02351

Treasurer Name Paul Skorohod
Street Address 40 Patricia Drive
City Abington State MA Zip 02351

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

Director Name Paul Skorohod
Street Address 40 Patricia Drive
City Abington State MA Zip 02351

Director Name Kenneth Oliver
Street Address 11 High Street
City Sandwich State MA Zip 02563

Director Name Bruce MacGregor
Street Address 73 Swift Lane
City Brewster State MA Zip 02631

Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
200,000 Common No Par

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

ISSUED SHARES
Number of Shares Class/Series Par Value
900 Common No Par

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: 6-25-98

Check No.: 1087

By: AMF

Paul Skorohod 6-12-98
Signature of Officer Date

Paul Skorohod
Print or Type Name of Officer

President
Title of Officer