



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Main form containing sections 1-11: Corporate ID No., Name of Corporation, Principal Business Office, Business Phone No., State of Incorporation, Brief Description of the Character of Business, Names and Addresses of Officers (President, Vice President, Secretary, Treasurer), Names and Addresses of Directors, Shares Authorized, and Shares Issued.

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



FOR SECRETARY OF STATE USE ONLY
File Date: 8/25/05
Check No.: 2632
DA

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: [Handwritten Signature]
Date: 8/23/05
Print or Type Name of Officer: Joseph Miano
Title of Officer: President



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)

1. Corporate ID No. 86132		2. Name of Corporation WELLCHECK, Inc.			
3. Street Address Principal Business Office 70 FRENCHTOWN ROAD			City NORTH KINGSTOWN	State R.I.	Zip 02852
4. Business Phone No. 401-294-7776		5. State of Incorporation RHODE ISLAND			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island WELL TESTING AND INSPECTION BUSINESS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph Miano			Vice President Name SAME		
Street Address 129 WINTERBERRY ROAD			Street Address		
City SPANDESTOWN	State R.I.	Zip 02874	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
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 Joseph Miano			Director Name NONE		
Street Address 129 WINTERBERRY ROAD			Street Address		
City SPANDESTOWN	State R.I.	Zip 02874	City	State	Zip
Director Name NONE			Director Name NONE		
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
8,000 COMM NO PAR VALUE			NONE		

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



* 8 6 1 3 2 *

File Date	2-18-04
Check No.	2211
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.

Joseph Miano **2/14/04**
Signature of Officer Date
JOSEPH MIANO
Print or Type Name of Officer
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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <u>86132</u>		2. Name of Corporation <u>WEILCHECK INC.</u>			
3. Street Address Principal Business Office <u>70 FRENCHTOWN ROAD</u>			City <u>NORTH KINGSTOWN</u>	State <u>R.I.</u>	Zip <u>02852</u>
4. Business Phone No. <u>401-294-7776</u>		5. State of Incorporation <u>R.I.</u>		6. SIC Code <u>7880</u>	
7. Brief Description of the Character of Business Conducted in Rhode Island <u>WELL TESTING AND INSPECTION BUSINESS</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>JOSEPH MIANO</u>			Vice President Name <u>SOME</u>		
Street Address <u>129 WINTERBERRY RD.</u>			Street Address		
City <u>SAUNDERSTOWN</u>	State <u>R.I.</u>	Zip <u>02874</u>	City	State	Zip
Secretary Name <u>SOME</u>			Treasurer Name <u>SOME</u>		
Street Address			Street Address		
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 <u>JOSEPH MIANO</u>			Director Name <u>NONE</u>		
Street Address <u>129 WINTERBERRY RD.</u>			Street Address		
City <u>SAUNDERSTOWN</u>	State <u>R.I.</u>	Zip <u>02874</u>	City	State	Zip
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
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
<u>8000</u>	<u>COMM</u>	<u>NO</u>	<u>NONE</u>		

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

File Date 9-8-03
Check No. 2081
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] 9/1/03
Signature of Officer Date
JOSEPH MIANO
Print or Type Name of Officer
PRER.
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. **86132** 2. Name of Corporation **WELLCHECK, Inc.**
3. Street Address Principal Business Office **70 FLENCENTOWN R.D.** City **NORTH KINGSTOWN** State **R.I.** Zip **02852**
4. Business Phone No. **401-294-7776** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**
7. Brief Description of the Character of Business Conducted in Rhode Island **WELL INSPECTION AND TESTING.**

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

President Name JOSEPH MIRANO	Vice President Name SAME
Street Address 129 WINTERBERRY RD.	Street Address
City SPUNOEBISTOWN State R.I. Zip 02874	City State Zip
Secretary Name SWILL	Treasurer Name SAME
Street Address	Street Address
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 JOSEPH MIRANO	Director Name NONE
Street Address 129 WINTERBERRY RD.	Street Address
City SPUNOEBISTOWN State R.I. Zip 02874	City State Zip
Director Name NONE	Director Name NONE
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
8,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

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



File Date: 2-27-02
Check No.: 1562
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: Joseph Mirano Date: 2/25/02
Print or Type Name of Officer: JOSEPH MIRANO
Title of Officer: PRESIDENT



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. **86132** 2. Name of Corporation **WELLCHECK, Inc.**
 3. Street Address Principal Business Office **70 FRENCHTOWN RD.** City **NORTH KINGSTOWN** State **R-I.** Zip **02852**
 4. Business Phone No. **401-294-7776** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**
 7. Brief Description of the Character of Business Conducted in Rhode Island **WELL INSPECTION**

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

President Name JOSEPH MIANO	Vice President Name SAM B
Street Address 129 WINTERBERRY RD.	Street Address
City SAUNDERTOWN State R-I. Zip 02874	City State Zip
Secretary Name SAM B	Treasurer Name SAM B
Street Address	Street Address
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 JOSEPH MIANO	Director Name
Street Address 129 WINTERBERRY RD.	Street Address
City SAUNDERTOWN State R-I. Zip 02852	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
	8,000 SHS	COMM	NO PAR VAL

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	NONE		

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



* 8 6 1 3 2 *

File Date: 02/20
 Check No.: 1282
 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: Joseph Miano Date: 2/16/01
 Print or Type Name of Officer: JOSEPH MIANO
 Title of Officer: PRESIDENT



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. **86132** 2. Name of Corporation **WELLCHECK, Inc.**
3. Street Address Principal Business Office **70 FRENCHTOWN ROAD** City **NORTH KINGSTOWN** State **R.I.** Zip **02852**
4. Business Phone No. **401-294-7776** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**
7. Brief Description of the Character of Business Conducted in Rhode Island **WELL WATER TESTING**

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

President Name JOSEPH MIANO	Vice President Name SAMA
Street Address 129 WINTERBERRY RD.	Street Address
City SAUNDERSTOWN State R.I. Zip 02874	City State Zip
Secretary Name SAMA	Treasurer Name SAMA
Street Address	Street Address
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 JOSEPH MIANO	Director Name
Street Address 129 WINTERBERRY RD.	Street Address
City SAUNDERSTOWN State R.I. Zip 02874	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
8,000 SHS COMM NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
NOITS

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



* 8 6 1 3 2 *

File Date: 3/2/00
Check No.: 998
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.

Joseph Miano 2/27/00
Signature of Officer Date
JOSEPH MIANO
Print or Type Name of Officer
D. E. P. MART



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. 88132		2. Name of Corporation WELLCHECK, Inc.	
3. Street Address Principal Business Office 70 FRENCHTOWN RD.		City N. KINGSTOWN	State R.I.
4. Business Phone No. 294-7776		5. State of Incorporation RHODE ISLAND	6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island WELL INSPECTION + TESTING			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name JOSEPH MIANO		Vice President Name	
Street Address 129 WINTERBERRY RD.		Street Address	
City SOUNDSELTOWN	State R.I.	City	State
Zip 02874		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name JOSEPH MIANO		Director Name	
Street Address 129 WINTERBERRY RD.		Street Address	
City SOUNDSELTOWN	State R.I.	City	State
Zip 02874		Zip	
Director Name		Director Name	
Street Address		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
8,000 SHS COMM NO PAR VAL		1,000	
Par Value		Par Value	

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



* 8 6 1 3 2 *

File Date: Mar 1, 99
Check No.: 433
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.

Joseph Miano 2/25/99
Signature of Officer Date
Joseph J. Miano
Print or Type Name of Officer
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. **86132** 2. Name of Corporation **WELLCHECK, Inc.**
3. Street Address Principal Business Office **70 FRENCHTOWN RD.** City **N. KINGSTOWN** State **R-I.** Zip **02852**
4. Business Phone No. **401-294-7776** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**
7. Brief Description of the Character of Business Conducted in Rhode Island **WELL INSPECTION**

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

President Name JOSEPH MIANO	Vice President Name _____
Street Address 129 WINTERBERRY RD.	Street Address _____
City SAWDEESTOWN State R-I. Zip 02874	City _____ State _____ Zip _____
Secretary Name _____	Treasurer Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

Director Name _____	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
8,000 SHS COMM NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
8,000

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



* 8 6 1 3 2 *

File Date: 3/2/98
Check No.: 421
By: ICAD

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: Joseph Miano Pres. Date: 2/24/98
Print or Type Name of Officer: JOSEPH MIANO
Title of Officer: President



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. **86132** 2. Name of Corporation **WELLCHECK, Inc.**
 3. Street Address Principal Business Office **70 FRENCHTOWN RD.** City **NORTH KINGSTOWN** State **R.I.** Zip **02852**
 4. Business Phone No. **401-294-7776** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**
 7. Brief Description of the Character of Business Conducted in Rhode Island **WELL TESTING.**

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

President Name JOSEPH MIANO	Vice President Name SAME
Street Address 129 WINTERBERRY RD.	Street Address
City NARRAGANSETT State R.I. Zip 02874	City State Zip
Secretary Name SAME	Treasurer Name SAME
Street Address	Street Address
City State Zip	City State Zip

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

Director Name JOSEPH MIANO	Director Name
Street Address 129 WINTERBERRY RD.	Street Address
City NARRAGANSETT State R.I. Zip 02874	City State Zip
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			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS COMM NO PAR VAL			NONE		

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



File Date: 3.18.97
 Check No.: 186
 By: ICP

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: Joseph Miano Date: 2/21/97
 Print or Type Name of Officer: JOSEPH MIANO
 Title of Officer: PRESIDENT

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. 86132		2. NAME OF CORPORATION WELLCHECK, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 70 FRENCHTOWN RD.			CITY NORTH KINGSTOWN	STATE R. I.	ZIP CODE 02852
4. BUSINESS PHONE NO. 401-294-7776		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 7880	

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
WELL TESTING.

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME JOSEPH MIANO			VICE PRESIDENT NAME		
STREET ADDRESS 129 WINTERBERRY ROAD			STREET ADDRESS		
CITY SAUNDERSTOWN	STATE R. I.	ZIP CODE 02874	CITY	STATE	ZIP CODE
SECRETARY NAME			TREASURER NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME JOSEPH MIANO			DIRECTOR NAME		
STREET ADDRESS 129 WINTERBERRY ROAD			STREET ADDRESS		
CITY SAUNDERSTOWN	STATE R. I.	ZIP CODE 02874	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
8,000 SHS	COMM NO PAR VAL		NONE		

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: 2/29/96

Check No: 1045

By: *EC RAB*

For Secretary of State Use Only

Joseph Miano, Pres.
Signature of Officer

JOSEPH MIANO
Print or Type Name of Officer

President
Title of Officer

2/24/96
Date