



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 122533		2. Name of Corporation Robert W. Sullivan, Inc.			
3. Street Address Principal Business Office Schrafft Center 529 Main St, Suite 203			City Charlestown	State MA	Zip 02129
4. Business Phone No. 617-253-8227		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island Engineering Consulting					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul D. Sullivan			Vice President Name None		
Street Address 24 Poplar Street			Street Address		
City Melrose	State MA	Zip 02176	City	State	Zip
Secretary Name Paul D. Sullivan			Treasurer Name Mark J. Sullivan		
Street Address 24 Poplar Street			Street Address 197 8th Street, #608		
City Melrose	State MA	Zip 02176	City Charlestown	State MA	Zip 02129
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Paul D. Sullivan			Director Name Mark J. Sullivan		
Street Address 24 Poplar Street			Street Address 197 8th Street, #608		
City Melrose	State MA	Zip 02176	City Charlestown	State MA	Zip 02129
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. 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
5,000	Common	No Par	1,000	Common	No Par
1,000	Preferred	100	None		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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: Paul D. Sullivan Date: 9-13-06

Print or Type Name
Paul D. Sullivan

Title
President

File Date **FILED**

Check No. OCT 02 2006

By: ASL 12-21-08

FOR SECRETARY OF STATE USE ONLY



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. 122533		2. Name of Corporation Robert W. Sullivan, Inc.			
3. Street Address Principal Business Office 343 Commercial St. #302		City Boston	State MA	Zip 02109	
4. Business Phone No. 617-523-8227		5. State of Incorporation MASSACHUSETTS			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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul D. Sullivan, P.E.			Vice President Name N/A		
Street Address 24 Poplar St.			Street Address		
City Melrose	State MA	Zip 02176	City	State	Zip
Secretary Name N/A			Treasurer Name		
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 A. Eugene Sullivan, P.E.			Director Name N/A		
Street Address 22 Grove Place, Unit 26			Street Address		
City Winchester	State MA	Zip 01890	City	State	Zip
Director Name N/A			Director Name N/A		
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
5,000 NO PAR VALUE			100		1/6 Par Value

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



* 1 2 2 5 3 3 *

FILED

File Date

Check No. **MAR 01 2004**

By: **By 13655 GMA**

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.

Paul D. Sullivan **1-6-03**

Signature of Officer
Paul D. Sullivan, P.E.

Print or Type Name of Officer
President

Title of Officer



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. **122533** 2. Name of Corporation **Robert W. Sullivan, Inc.**
3. Street Address Principal Business Office **343 Commercial St., Unit 302** City **Boston** State **MA** Zip **02109**
4. Business Phone No. **617-523-8227** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **7518**

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

Consulting Engineering

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

President Name Paul D. Sullivan	Vice President Name None
Street Address 171 Warwick Rd.	Street Address
City Melrose State MA Zip 02176	City State Zip
Secretary Name None	Treasurer Name Mark J. Sullivan
Street Address	Street Address 197 8th Street, No. 608
City State Zip	City Charlestown State MA Zip 02129

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

Director Name A. Eugene Sullivan	Director Name None
Street Address 22 Grove Place, Unit 26	Street Address
City Winchester State MA Zip 01890	City State Zip
Director Name None	Director Name None
Street Address	Street Address
City State Zip	City State Zip

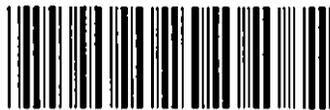
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
5,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 No Par Value

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



* 1 2 2 5 3 3 *

File Date: **1-27-03**
Check No.: **12108**
By: **UP**

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 D. Sullivan** Date: **1-6-03**
Print or Type Name of Officer: **Paul D. Sullivan**
Title of Officer: **President**