



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 02903-1321
401.222.3000

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. 129933		2. Name of Corporation ALPHA ASSOCIATES, LTD.			
3. Street Address Principal Business Office 35 Rocky Hollow Road			City East Greenwich	State RI	Zip 02818
4. Business Phone No. 884-8506		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO CONDUCT LAND SURVEYS AND RELATED ACTIVITIES ON IMPROVED AND UNIMPROVED PARCELS OF REAL ESTATE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James J. Reddington			Vice President Name		
Street Address 16 Mia Court			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name James J. Reddington			Treasurer Name James J. Reddington		
Street Address 16 Mia Court			Street Address 16 Mia Court		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name James J. Reddington			Director Name		
Street Address 16 Mia Court			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
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			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE			100	Common	None

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



File Date **FILED**
Check No. **MAR 30 2005** 1098
By: **ICB**
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.

James J. Reddington 3/29/05
Signature of Officer Date
James J. Reddington
Print or Type Name of Officer
President



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

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* 1 2 9 9 3 3 *

File Date 5.11.04
Check No. 7701
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] 5/10/04
Signature of Officer Date
James J. Reddington
Print or Type Name of Officer
President