



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 IN BLACK)

1. Corporate ID No. *69535*		2. Name of Corporation Cartographic Associates, Inc.			
3. Street Address Principal Business Office 11 PLEASANT STREET, P.O. BOX 267			City LITTLETON	State NH	Zip 03561
4. Business Phone No. 6034446768		5. State of Incorporation NEW HAMPSHIRE		6. SIC Code 7880	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE MUNICIPAL MAPPING SERVICES, GIS SERVICES AND PUBLIC WORKS INFORMATION MANAGEMENT.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DONALD F. BUTSON			Vice President Name FRANCO D. ROSSI		
Street Address 11 PLEASANT STREET, P.O. BOX 267			Street Address 11 PLEASANT STREET, P.O. BOX 267		
City LITTLETON	State NH	Zip 03561	City LITTLETON	State NH	Zip 03561
Secretary Name FRANCO D. ROSSI			Treasurer Name DONALD F. BUTSON		
Street Address 11 PLEASANT STREET, P.O. BOX 267			Street Address 11 PLEASANT STREET, P.O. BOX 267		
City LITTLETON	State NH	Zip 03561	City LITTLETON	State NH	Zip 03561
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DONALD F. BUTSON			Director Name FRANCO D. ROSSI		
Street Address 11 PLEASANT STREET, P.O. BOX 267			Street Address 11 PLEASANT STREET, P.O. BOX 267		
City LITTLETON	State NH	Zip 03561	City LITTLETON	State NH	Zip 03561
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES	
300 COMM NO PAR VALUE				100 COMMON N/A NO PAR VALUE	

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



**69535* 2/6/031:53:00 PM*

File Date 2-14-05

Check No. 41659

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] 2/9/05
Signature of Officer Date
Donald F. Butson
Print or Type Name of Officer
President
Title of Officer



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. *69535*		2. Name of Corporation Cartographic Associates, Inc.			
3. Street Address Principal Business Office 11 PLEASANT STREET, P.O. BOX 267			City LITTLETON	State NH	Zip 03561
4. Business Phone No. 6034446768		5. State of Incorporation NEW HAMPSHIRE			6. SIC Code 7880
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8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DONALD F. BUTSON		Vice President Name FRANCO D. ROSSI			
Street Address 11 PLEASANT STREET, P.O. BOX 267		Street Address 11 PLEASANT STREET, P.O. BOX 267			
City LITTLETON	State NH	Zip 03561	City LITTLETON	State NH	Zip 03561
Secretary Name FRANCO D. ROSSI		Treasurer Name DONALD F. BUTSON			
Street Address 11 PLEASANT STREET, P.O. BOX 267		Street Address 11 PLEASANT STREET, P.O. BOX 267			
City LITTLETON	State NH	Zip 03561	City LITTLETON	State NH	Zip 03561
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DONALD F. BUTSON		Director Name FRANCO D. ROSSI			
Street Address 11 PLEASANT STREET, P.O. BOX 267		Street Address 11 PLEASANT STREET, P.O. BOX 267			
City LITTLETON	State NH	Zip 03561	City LITTLETON	State NH	Zip 03561
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	COMM NO PAR VALUE		100	COMMON N/A	NO PAR VALUE

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



* 6 9 5 3 5 *

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.

Donald F. Butson 2/17/04
Signature of Officer Date

Donald F. Butson
Print or Type Name of Officer

President
Title of Officer

69535 2/6/03 1:53:00 PM*
File Date 3-1-04
Check No. 3869
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. *69535*		2. Name of Corporation Cartographic Associates, Inc.			
3. Street Address Principal Business Office 11 PLEASANT STREET, P.O. BOX 267			City LITTLETON	State NH	Zip 03561
4. Business Phone No. 6034446768		5. State of Incorporation NEW HAMPSHIRE			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE MUNICIPAL MAPPING SERVICES, GIS SERVICES AND PUBLIC WORKS INFORMATION MANAGEMENT.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DONALD F. BUTSON		Executive Vice President Name FRANCO D. ROSSI			
Street Address 11 PLEASANT STREET, P.O. BOX 267			Street Address 11 PLEASANT STREET, P.O. BOX 267		
City LITTLETON	State NH	Zip 03561	City LITTLETON	State NH	Zip 03561
Secretary Name FRANCO D. ROSSI			Treasurer Name DONALD F. BUTSON		
Street Address 11 PLEASANT STREET, P.O. BOX 267			Street Address 11 PLEASANT STREET, P.O. BOX 267		
City LITTLETON	State NH	Zip 03561	City LITTLETON	State NH	Zip 03561
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DONALD F. BUTSON		Director Name FRANCO D. ROSSI			
Street Address 11 PLEASANT STREET, P.O. BOX 267			Street Address 11 PLEASANT STREET, P.O. BOX 267		
City LITTLETON	State NH	Zip 03561	City LITTLETON	State NH	Zip 03561
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	COMM	NO PAR VALUE	100	COMMON N/A	NO PAR VALUE

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



* 6 9 5 3 5 *

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.

Donald F. Butson 2/28/03
Signature of Officer Date

Donald F. Butson

Print or Type Name of Officer

President

Title of Officer

**69535* 2/6/03 1:53:00 PM*

File Date 3/5/03

Check No. 3109

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. **69535** 2. Name of Corporation **Cartographic Associates, Inc.**
3. Street Address Principal Business Office **11 Pleasant Street, P.O. Box 267** City **Littleton** State **NH** Zip **03561**
4. Business Phone No. **603-444-6768** 5. State of Incorporation **NEW HAMPSHIRE** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
Municipal mapping services, GIS services and public works information management

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

President Name DONALD F. BUTSON Street Address 11 Pleasant St., P.O. Box 267 City Littleton State NH Zip 03561 Secretary Name FRANCO D. ROSSI Street Address 11 Pleasant St., P.O. Box 267 City Littleton State NH Zip 02561	Executive Vice President Name FRANCO D. ROSSI Street Address 11 Pleasant St., P.O. Box 267 City Littleton State NH Zip 03561 Treasurer Name DONALD F. BUTSON Street Address 11 Pleasant St., P.O. Box 267 City Littleton State NH Zip 02561
---	--

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

Director Name DONALD F. BUTSON Street Address 11 Pleasant St., P.O. Box 267 City Littleton State NH Zip 02561	Director Name FRANCO D. ROSSI Street Address 11 Pleasant St., P.O. Box 267 City Littleton State NH Zip 02561
--	---

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	300	COMM NO PAR VALUE	

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

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

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



* 6 9 5 3 5 *

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: 2/11/02
Check No.: 2474
By: COM

CARTOGRAPHIC ASSOCIATES, INC.
by Donald F. Butson 2/14/02
Signature of Officer Date
Donald F. Butson
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. **69535** 2. Name of Corporation **Cartographic Associates, Inc.**

3. Street Address Principal Business Office **11 Pleasant Street, P.O. Box 267** City **Littleton** State **NH** Zip **03561**
4. Business Phone No. **603-444-6768** 5. State of Incorporation **NEW HAMPSHIRE** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
Municipal mapping services, GIS services and public works information management

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

President Name DONALD F. BUTSON Street Address 11 Pleasant St., P.O. Box 267 City Littleton State NH Zip 03561	Executive Executive	Vice President Name FRANCO D. ROSSI Street Address 11 Pleasant St., P.O. Box 267 City Littleton State NH Zip 03561
Secretary Name FRANCO D. ROSSI Street Address 11 Pleasant St., P.O. Box 267 City Littleton State NH Zip 03561		Treasurer Name DONALD F. BUTSON Street Address 11 Pleasant St., P.O. Box 267 City Littleton State NH Zip 03561

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

Director Name DONALD F. BUTSON Street Address 11 Pleasant St., P.O. Box 267 City Littleton State NH Zip 03561	Director Name FRANCO D. ROSSI Street Address 11 Pleasant St., P.O. Box 267 City Littleton State NH Zip 03561
--	---

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
300 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
90 Common N/A No Par Value

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

69535

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: 2/23
Check No.: 1763
By: [Signature]

CARTOGRAPHIC ASSOCIATES, INC.
by Donald F. Butson Date 2/17/01
Signature of Officer

Donald F. Butson
Print or Type Name of Officer
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. **69535** 2. Name of Corporation **Cartographic Associates, Inc.**
3. Street Address Principal Business Office **11 Pleasant Street, P.O. Box 267** City **Littleton** State **NH** Zip **03561**
4. Business Phone No. **603-444-6768** 5. State of Incorporation **NEW HAMPSHIRE** 6. SIC Code **7880**
7. Brief Description of the Character of Business Conducted in Rhode Island
Municipal mapping services, GIS services and public works information management.

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

President Name DONALD F. BUTSON Street Address 11 Pleasant St., P.O. Box 267 City State Zip Littleton NH 03561 Secretary Name FRANCO D. ROSSI Street Address 11 Pleasant St., P.O. Box 267 City State Zip Littleton NH 03561	Executive Vice President Name FRANCO D. ROSSI Street Address 11 Pleasant St., P.O. Box 267 City State Zip Littleton NH 03561 Treasurer Name DONALD F. BUTSON Street Address 11 Pleasant St., P.O. Box 267 City State Zip Littleton NH 03561
---	--

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

Director Name DONALD F. BUTSON Street Address 11 Pleasant St., P.O. Box 267 City State Zip Littleton NH 03561 Director Name None Street Address	Director Name FRANCO D. ROSSI Street Address 11 Pleasant St., P.O. Box 267 City State Zip Littleton NH 03561 Director Name None Street Address
---	--

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	300	NO PAR COMMON	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	90	Common N/A	No Par Value

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



* 6 9 5 3 5 *

File Date: 2/10/00
Check No.: 1067
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.
CARTOGRAPHIC ASSOCIATES, INC.
by [Signature] Date 2/17/00
Signature of Officer
Donald F. Butson
Print or Type Name of Officer
President
Title of Officer

CARTOGRAPHIC ASSOCIATES, INC.
Corporate I.D. No. 69535
2000 Annual Report

Additional Officer

Vice President - Bryon Kenne
P.O. Box 267
11 Pleasant Street
Littleton, NH 03561

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. 69535		2. Name of Corporation Cartographic Associates, Inc.	
3. Street Address Principal Business Office 11 Pleasant Street, P.O. Box 267		City Littleton	State NH
		Zip 03561	
4. Business Phone No. 603-444-6768	5. State of Incorporation NEW HAMPSHIRE		6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island Municipal mapping services, GIS services and public works information management.			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name MICHAEL E. SHORES		Vice President Name - EXECUTIVE VP DOUGLAS A. GRELLA	
Street Address 11 Pleasant St., P.O. Box 267		Street Address 11 Pleasant St., P.O. Box 267	
City Littleton	State NH	City Littleton	State NH
Zip 03561		Zip 03561	
Secretary Name DONALD F. BUTSON		Treasurer Name DOUGLAS A. GRELLA	
Street Address 11 Pleasant St., P.O. Box 267		Street Address 11 Pleasant St., P.O. Box 267	
City Littleton	State NH	City Littleton	State NH
Zip 03561		Zip 03561	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name MICHAEL E. SHORES		Director Name DOUGLAS A. GRELLA	
Street Address 11 Pleasant St., P.O. Box 267		Street Address 11 Pleasant St., P.O. Box 267	
City Littleton	State NH	City Littleton	State NH
Zip 03561		Zip 03561	
Director Name DONALD F. BUTSON		Director Name FRANCO D. ROSSI	
Street Address 11 Pleasant St., P.O. Box 267		Street Address 11 Pleasant St., P.O. Box 267	
City Littleton	State NH	City Littleton	State NH
Zip 03561		Zip 03561	
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
300	NO PAR COMMON		80
			Common N/A 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: 1/10/00
10192
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.
CARTOGRAPHIC ASSOCIATES, INC
by [Signature] Date 2/5/00
Signature of Officer

Michael E. Shores
Print or Type Name of Officer
President
Title of Officer

CARTOGRAPHIC ASSOCIATES, INC.
Corporate I.D. No. 69535
1999 Annual Report

Additional Officers

Executive Vice President - Donald F. Butson
P.O. Box 267
11 Pleasant Street
Littleton, NH 03561

Vice President - Franco D. Rossi
P.O. Box 267
11 Pleasant Street
Littleton, NH 03561



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. **69535** 2. Name of Corporation **CARTOGRAPHIC ASSOCIATES, INC.**
3. Street Address Principal Business Office **11 Pleasant Street, P.O. Box 267** City **Littleton** State **NH** Zip **03561**
4. Business Phone No. **603-444-6768** 5. State of Incorporation **NEW HAMPSHIRE** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
Municipal mapping services, GIS services, and property appraisal services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)
President Name **MICHAEL E. SHORES** Vice President Name (Executive Vice President) **DOUGLAS A. GRELLA**
Street Address **11 Pleasant St., P.O. Box 267** Street Address **11 Pleasant St., P.O. Box 267**
City **Littleton** State **NH** Zip **03561** City **Littleton** State **NH** Zip **03561**

Secretary Name **DONALD F. BUTSON** Treasurer Name **DOUGLAS A. GRELLA**
Street Address **11 Pleasant St., P.O. Box 267** Street Address **11 Pleasant St., P.O. Box 267**
City **Littleton** State **NH** Zip **03561** City **Littleton** State **NH** Zip **03561**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)
Director Name **MICHAEL E. SHORES** Director Name **DOUGLAS A. GRELLA**
Street Address **11 Pleasant St., P.O. Box 267** Street Address **11 Pleasant St., P.O. Box 267**
City **Littleton** State **NH** Zip **03561** City **Littleton** State **NH** Zip **03561**

Director Name **DONALD F. BUTSON** Director Name **FRANCO D. ROSSI**
Street Address **11 Pleasant St., P.O. Box 267** Street Address **11 Pleasant St., P.O. Box 267**
City **Littleton** State **NH** Zip **03561** City **Littleton** State **NH** Zip **03561**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300	Common N/A	No Par Value	95	Common N/A	No Par Value

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: 2/26
Check No.: 9517
By: KIP

CARTOGRAPHIC ASSOCIATES, INC.
by [Signature] Date 2/25/98
Signature of Officer

Michael E. Shores
Print or Type Name of Officer
President
Title of Officer

CARTOGRAPHIC ASSOCIATES, INC.
Corporate I.D. No. 69535
1998 Annual Report

Additional Officers

Executive Vice President - Donald F. Butson
P.O. Box 267
11 Pleasant Street
Littleton, NH 03561

Vice President - Franco D. Rossi
P.O. Box 267
11 Pleasant Street
Littleton, NH 03561

Vice President - Brett Purvis
P.O. Box 267
11 Pleasant Street
Littleton, NH 03561

Additional Directors

Brett Purvis
P.O. Box 267
11 Pleasant Street
Littleton, NH 03561



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. **69536** 2. Name of Corporation **Cartographic Associates, Inc.**
3. Street Address Principal Business Office **11 Pleasant Street, P.O. Box 267** City **Littleton** State **NH** Zip **03561**
4. Business Phone No. **603-444-6768** 5. State of Incorporation **NEW HAMPSHIRE** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
municipal mapping services, GIS services, and property appraisal services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **X**
President Name **Michael E. Shores** Vice President Name (Executive Vice President) **Douglas A. Grella**
Street Address **11 Pleasant Street, P.O. Box 267** Street Address **11 Pleasant Street, P.O. Box 267**
City **Littleton** State **NH** Zip **03561** City **Littleton** State **NH** Zip **03561**

Secretary Name **Donald F. Butson** Treasurer Name **Douglas A. Grella**
Street Address **11 Pleasant Street, P.O. Box 267** Street Address **11 Pleasant Street, P.O. Box 267**
City **Littleton** State **NH** Zip **03561** City **Littleton** State **NH** Zip **03561**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **X**
Director Name **Michael E. Shores** Director Name **Douglas A. Grella**
Street Address **11 Pleasant Street, P.O. Box 267** Street Address **11 Pleasant Street, P.O. Box 267**
City **Littleton** State **NH** Zip **03561** City **Littleton** State **NH** Zip **03561**

Director Name **Donald F. Butson** Director Name **Franco D. Rossi**
Street Address **11 Pleasant Street, P.O. Box 267** Street Address **11 Pleasant Street, P.O. Box 267**
City **Littleton** State **NH** Zip **03561** City **Littleton** State **NH** Zip **03561**

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
300	Common N/A	No Par Value	95	Common N/A	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: 2-13-97
Check No.: 8823
By: 100/Dec
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.
CARTOGRAPHIC ASSOCIATES, INC.
by [Signature] 1/23/97
Signature of Officer Date
Michael E. Shores
Print or Type Name of Officer
President
Title of Officer

CARTOGRAPHIC ASSOCIATES, INC.
Corporate I.D. No. 69535
1997 Annual Report

Additional Officers

Executive Vice President - Donald F. Butson
P.O. Box 267
11 Pleasant Street
Littleton, NH 03561

Vice President - Franco D. Rossi
P.O. Box 267
11 Pleasant Street
Littleton, NH 03561

Vice President - Brett Purvis
P.O. Box 267
11 Pleasant Street
Littleton, NH 03561

Additional Directors

Brett Purvis
P.O. Box 267
11 Pleasant Street
Littleton, NH 03561

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. 69535		2. NAME OF CORPORATION Cartographic Associates, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 11 Pleasant Street, P.O. Box 267			CITY Littleton	STATE NH	ZIP CODE 03561
4. BUSINESS PHONE NO. 603-444-6763		5. STATE OF INCORPORATION NEW HAMPSHIRE		6. SIC CODE 7880	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND municipal mapping services /GIS/property appraisal					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Michael E. Shores			VICE PRESIDENT NAME Ex. V. P. Douglas A. Grella Ex. V. P. Donald F. Butson V. P. Franco D. Rossi V. P. Brett Purvis		
STREET ADDRESS 11 Pleasant St., P.O. Box 267			STREET ADDRESS 11 Pleasant St., P.O. Box 267		
CITY Littleton	STATE NH	ZIP CODE 03561	CITY Littleton	STATE NH	ZIP CODE 03561
SECRETARY NAME Donald F. Butson			TREASURER NAME Douglas A. Grella		
STREET ADDRESS 11 Pleasant St., P.O. Box 267			STREET ADDRESS 11 Pleasant St., P.O. Box 267		
CITY Littleton	STATE NH	ZIP CODE 03561	CITY Littleton	STATE NH	ZIP CODE 03561
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Michael E. Shores			DIRECTOR NAME Douglas A. Grella		
STREET ADDRESS 11 Pleasant St., P.O. Box 267			STREET ADDRESS 11 Pleasant St., P.O. Box 267		
CITY Littleton	STATE NH	ZIP CODE 03561	CITY Littleton	STATE NH	ZIP CODE 03561
DIRECTOR NAME Donald F. Butson			DIRECTOR NAME Franco D. Rossi Brett Purvis		
STREET ADDRESS 11 Pleasant St., P.O. Box 267			STREET ADDRESS 11 Pleasant St., P.O. Box 267		
CITY Littleton	STATE NH	ZIP CODE 03561	CITY Littleton	STATE NH	ZIP CODE 03561
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
300	Common N/A	no par value	95	Common N/A	no par value

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.

CARTOGRAPHIC ASSOCIATES, INC.

by *[Signature]*
Signature of Officer

Michael E. Shores
Print or Type Name of Officer

President
Title of Officer

2/23/96
Date

File Date: 2/24/96

Check No: 8047

By: *[Signature]*

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING



FEB 27 1995

By A.A. 7298

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0069535

1995

Corporate ID:

Annual Report for the year:

Cartographic Associates, Inc.

Name of Corporation:

Business entity organized under the laws of the State of: **New Hampshire**

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

Business Corporation (See RIGL Chapter 7-1.1)

12 Pleasant Street

Professional Service Corporation (See RIGL Chapter 7-5.1)

P.O. Box 267

Littleton, New Hampshire 03561

Phone: (603) 444-6768

Brief statement of the character of business conducted in Rhode Island:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

municipal mapping, services
 gis, and property appraisal
 services

Phone ()

THE NAMES OF THE OFFICERS ARE:

OFFICER	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
EX. PRESIDENT	Michael E. Shores	12 Pleasant St., PO Box 267, Littleton, NH	NH	03561
VP	Michael Pressman	12 Pleasant St., PO Box 267, Littleton, NH	NH	03561
EX. VICE PRESIDENT	Douglas A. Grella	12 Pleasant St., PO Box 267, Littleton, NH	NH	03561
VP	Donald F. Butson	12 Pleasant St., PO Box 267, Littleton, NH	NH	03561
SECRETARY	Franco D. Rossi	12 Pleasant St., PO Box 267, Littleton, NH	NH	03561
	Brett Purvis	12 Pleasant St., PO Box 267, Littleton, NH	NH	03561
TREASURER	Donald F. Butson	12 Pleasant St., PO Box 267, Littleton, NH	NH	03561
	Douglas A. Grella	12 Pleasant St., PO Box 267, Littleton, NH	NH	03561

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Michael E. Shores	12 Pleasant St., PO Box 267, Littleton, NH	NH	03561
Douglas A. Grella	12 Pleasant St., PO Box 267, Littleton, NH	NH	03561
Donald F. Butson	12 Pleasant St., PO Box 267, Littleton, NH	NH	03561
Franco D. Rossi	12 Pleasant St., PO Box 267, Littleton, NH	NH	03561
Brett Purvis	12 Pleasant St., PO Box 267, Littleton, NH	NH	03561

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
300	Common / N/A Without Par Value	95	Common / N/A Without Par Value

CARTOGRAPHIC ASSOCIATES, INC.

Date February 1, 19 95

By: [Signature]
 Michael E. Shores
 President

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

ALBERT D. SAUNDERS
130 MAIN STREET
EAST GREENWICH RI 02818

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0069535 Annual Report for the year: 1994

Name of Business Entity: Cartographic Associates, Inc.

Business entity organized under the laws of the State of New Hampshire

- Business Entity is (check one):
- Business Corporation (See RIGL Chapter 7-1-1)
 - Professional Service Corporation (See RIGL Chapter 7-5-1)
 - Limited Liability Company (See RIGL 7-16)

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office
12 Pleasant Street

P.O. Box 267

Littleton, New Hampshire 03561

Phone: (603) 444-6768

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Name, title and mailing address of contact person to whom communications may be directed:

Michael E. Shores, President

c/o Albert D. Saunders, Jr., Esq.

130 Main Street

East Greenwich, RI 02818

Brief statement of the character of business conducted in Rhode Island:

To provide municipal mapping and property appraisal services

Date of Organization: April 30, 1985

Date of Qualification to do business in Rhode Island (if foreign entity):
September 3, 1992

Phone: ()

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)			
Michael E. Shores	12 Pleasant St., PO Box 267, Littleton, NH	NH	03561
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)			
Douglas A. Grella	12 Pleasant St., PO Box 267, Littleton, NH	NH	03561
Donald F. Butson	12 Pleasant St., PO Box 267, Littleton, NH	NH	03561
<input type="checkbox"/> SECRETARY (Check One)			
Douglas A. Grella	12 Pleasant St., PO Box 267, Littleton, NH	NH	03561
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)			
Donald F. Butson	12 Pleasant St., PO Box 267, Littleton, NH	NH	03561

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Michael E. Shores	12 Pleasant St., PO Box 267, Littleton, NH	NH	03561
Douglas A. Grella	12 Pleasant St., PO Box 267, Littleton, NH	NH	03561
Donald F. Butson	12 Pleasant St., PO Box 267, Littleton, NH	NH	03561

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	CLASS	NUMBER	CLASS
300	1244 Common	80	1244 Common
	SERIES N/A		SERIES N/A
	PAR VALUE OR WITHOUT PAR Without Par Value		PAR VALUE OR WITHOUT PAR Without Par Value

Date February 25 1994 By Michael E. Shores

CARTOGRAPHIC ASSOCIATES, INC.

Michael E. Shores
PRINT OR TYPE NAME OF OFFICER SIGNING

President
TITLE OF OFFICER SIGNING

Form 21 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

ALBERT D. SAUNDERS
130 MAIN STREET
EAST GREENWICH RI 02818

h.c. 6499

5711 1/19
State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 69535 Annual Report for the year 1993

FIRST: The name of the corporation is CARTOGRAPHIC ASSOCIATES, INC.

SECOND: It is incorporated under the laws of New Hampshire

THIRD: Character of business, briefly stated, is municipal mapping services

FOURTH: If foreign corporation, address of its principal office 12 Pleasant St., P.O. Box 267
Littleton, New Hampshire 03561

FIFTH: Business address in Rhode Island 130 Main Street
East Greenwich, RI 02818

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Michael E. Shores	Director	Breezy Hill Road, Lisbon, NH 03585
Douglas A. Grella	Director	Knot Hole Road, Jefferson, NH 03583
Donald F. Butson	Director	Old Franconia Road, Littleton, NH 03561
Michael E. Shores	President	Breezy Hill Road, Lisbon, NH 03585
Franco D. Rossi	Vice Pres.	Rt. 135, Littleton, NH 03561
Douglas A. Grella	E-Vice President	Knot Hole Road, Jefferson, NH 03583
Douglas A. Grella	Secretary	Knot Hole Road, Jefferson, NH 03583
Donald F. Butson	Treasurer	Old Franconia Road, Littleton, NH 03561
Donald F. Butson	E-Vice Pres.	Old Franconia Road, Littleton, NH 03561

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	common		without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
75	common		without par value

Dated January 19 1993 CARTOGRAPHIC ASSOCIATES, INC.
(Name of Corporation)

By Michael E. Shores

Title President

(Report must be signed by an officer)