



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 02903-1330  
401.222.3030

**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. 120836		2. Name of Corporation RICE ENGINEERING, INC.			
3. Street Address Principal Business Office 105 SCHOOL CREEK TRAIL			City LUXEMBURG	State WI	Zip 54217
4. Business Phone No. 920-845-1042		5. State of Incorporation WISCONSIN		6. SIC Code 7518	
7. Brief Description of the Character of Business Conducted in Rhode Island THE PRACTICE OF PROFESSIONAL ENGINEERING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name L. DAVID RICE			Vice President Name MICHAEL P. LEY		
Street Address N4235 CTY RD C			Street Address 1119 DODGE ST.		
City KEWAUNEE	State WI	Zip 54216	City KEWAUNEE	State WI	Zip 54216
Secretary Name ILONA M. RICE			Treasurer Name ILONA M. RICE		
Street Address N4235 CTY RD. C			Street Address N4235 CTY RD. C		
City KEWAUNEE	State WI	Zip 54216	City KEWAUNEE	State WI	Zip 54216
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name L. DAVID RICE			Director Name MICHAEL P. LEY		
Street Address N4235 CTY RD. C			Street Address 1119 DODGE ST.		
City KEWAUNEE	State WI	Zip 54216	City KEWAUNEE	State WI	Zip 54216
Director Name ILONA M. RICE			Director Name		
Street Address N4235 CTY. RD. C			Street Address		
City KEWAUNEE	State WI	Zip 54216	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
9,000 COMM NO PAR VALUE			1962	COMMON; N/A	NONE

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



\*120836\*

File Date 1-14-05  
Check No. 14324  
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.

Ilona M Rice 1/10/05  
Signature of Officer Date  
ILONA M. RICE  
Print or Type Name of Officer  
SECRETARY AND TREASURER  
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  
401.222.3640

**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. 120836		2. Name of Corporation Rice Engineering, Inc.			
3. Street Address Principal Business Office 105 School Creek Trail			City Luxemburg	State WI	Zip 54217
4. Business Phone No. 920-845-1042		5. State of Incorporation Wisconsin			6. SIC Code 7518
7. Brief Description of the Character of Business Conducted in Rhode Island The Practice of Professional Engineering					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name L. David Rice			Vice President Name Michael P. Ley		
Street Address N4235 Cty Rd C			Street Address 1119 Dodge ST.		
City Kewaunee	State WI	Zip 54216	City Kewaunee	State WI	Zip 54216
Secretary Name Ilona M. Rice			Treasurer Name Ilona M. Rice		
Street Address N4235 Cty Rd C			Street Address N4235 Cty Rd C		
City Kewaunee	State WI	Zip 54216	City Kewaunee	State WI	Zip 54216
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name L. David Rice			Director Name Michael P. Ley		
Street Address N4235 Cty Rd C			Street Address 1119 Dodge St.		
City Kewaunee	State WI	Zip 54216	City Kewaunee	State WI	Zip 54216
Director Name Ilona M. Rice			Director Name		
Street Address N4235 Cty Rd C			Street Address		
City Kewaunee	State WI	Zip 54216	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
9000	Common	No Par Value	1962	Common ; N/A	None

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



1 2 0 8 3 6

File Date 1-20-04  
Check No 13150  
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.

Ilona M. Rice 1/16/04  
Signature of Officer Date  
Ilona M. Rice  
Print or Type Name of Officer  
Secretary and Treasurer  
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. **120836** 2. Name of Corporation **RICE ENGINEERING, INC.**  
3. Street Address Principal Business Office **N4235 Cty Rd C** City **Kewaunee** State **WI** Zip **54216**  
4. Business Phone No. **920-388-0614** 5. State of Incorporation **WISCONSIN** 6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**The Practice of Professional Engineering**

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

President Name <b>L. David Rice</b>	Vice President Name <b>Michael P. Ley</b>
Street Address <b>N4235 Cty Rd C</b>	Street Address <b>1119 Dodge St.</b>
City <b>Kewaunee</b> State <b>WI</b> Zip <b>54216</b>	City <b>Kewaunee</b> State <b>WI</b> Zip <b>54216</b>
Secretary Name <b>Ilona M. Rice</b>	Treasurer Name <b>Ilona M. Rice</b>
Street Address <b>N4235 Cty Rd C</b>	Street Address <b>N4235 Cty Rd C</b>
City <b>Kewaunee</b> State <b>WI</b> Zip <b>54216</b>	City <b>Kewaunee</b> State <b>WI</b> Zip <b>54216</b>

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

Director Name <b>L. David Rice</b>	Director Name <b>Michael P. Ley</b>
Street Address <b>N4235 Cty Rd C</b>	Street Address <b>1119 Dodge St.</b>
City <b>Kewaunee</b> State <b>WI</b> Zip <b>54216</b>	City <b>Kewaunee</b> State <b>WI</b> Zip <b>54216</b>
Director Name <b>Ilona M. Rice</b>	Director Name <b>NONE</b>
Street Address <b>N4235 Cty Rd C</b>	Street Address
City <b>Kewaunee</b> State <b>WI</b> Zip <b>54216</b>	City State Zip

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

AUTHORIZED SHARES **9,000**  
Number of Shares Class/Series Par Value  
**9,000 COMM NO PAR VALUE**

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

ISSUED SHARES **1962**  
Number of Shares Class/Series Par Value  
**1962 Common;N/A None**

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



\* 1 2 0 8 3 6 \*

File Date: 2/20/03

Check No.: 11974

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.

Ilona M. Rice 02/14/2003  
Signature of Officer Date

Ilona M. Rice  
Print or Type Name of Officer

Secretary/Treasurer  
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. **120836** 2. Name of Corporation **Rice Engineering, Inc.**  
3. Street Address Principal Business Office **N4235 Cty Rd C** City **Kewaunee** State **WI** Zip **54216**  
4. Business Phone No. **920-388-0614** 5. State of Incorporation **Wisconsin** 6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**The practice of Professional Engineering**

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

President Name <b>L. David Rice</b> Street Address <b>N4235 Cty Rd C</b> City State Zip <b>Kewaunee WI 54216</b>	Vice President Name <b>Michael P. Ley</b> Street Address <b>1119 Dodge St.</b> City State Zip <b>Kewaunee WI 54216</b>
Secretary Name <b>Ilona M. Rice</b> Street Address <b>N4235 Cty Rd C</b> City State Zip <b>Kewaunee WI 54216</b>	Treasurer Name <b>Ilona M. Rice</b> Street Address <b>N4235 Cty Rd C</b> City State Zip <b>Kewaunee WI 54216</b>

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

Director Name <b>L. David Rice</b> Street Address <b>N4235 Cty Rd C</b> City State Zip <b>Kewaunee WI 54216</b>	Director Name <b>Michael P. Ley</b> Street Address <b>1119 Dodge St.</b> City State Zip <b>Kewaunee WI 54216</b>
Director Name <b>Ilona M. Rice</b> Street Address <b>N4235 Cty Rd C</b> City State Zip <b>Kewaunee WI 54216</b>	Director Name <b>None</b> Street Address <b>None</b> City State Zip <b>None None None</b>

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

AUTHORIZED SHARES **9,000**  
Number of Shares **9,000** Class/Series **Common; N/A** Par Value **None**

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

ISSUED SHARES **1,500**  
Number of Shares **1,500** Class/Series **Common; N/A** 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: 3/21/02  
Check No.: 11093  
By: GM

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.

Ilona M. Rice 3/18/2002  
Signature of Officer Date

Ilona M. Rice  
Print or Type Name of Officer

Secretary/Treasurer