

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Divisic 100 North Main Stre Providence, RI 02903-135

401.222.304

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 2. Name of Corporation 95038 THE DI SALVO ERICSON GROUP STRUCTURAL ENGINEERS, INC. 3. Streyt Address Principal Business Office State 4. Business Phone No. 5. State of Incorporation 7518 CONNECTICUT 7. Brief Description of the Character of Business Conducted in Rhode Island TO OFFER GENERAL ENGINEERING CONSULTING SERVICES TO THE GENERAL PUBLIC. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Street Address Street Address Roacl 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address State Sirrei Address Street Address State Ζip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Senes Par Value Number of Shares Class/Series Par Value 20,000 COMM NO PAR VALUE OMMON This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

OU COMPETABLE OF CHATE HER ONLY

Under penalty of perjury, I declare and affirm that I have examined this repo including any accompanying schedules and statements, and that all statemer contained herein are true and correct.

Date

Print or Type Name of Officer

MUSURCE

2 neth

Signature of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

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Corporations Divisio 100 North Main Stre Providence, RI 02903-133 401.222.304

. Corporate ID No. 2. Name of Corporat	ion				
		CTURAL ENGINEERS,ING	.		
Street Address Principal Business Office 63 Copps Hill Rocal	<u> </u>	Ridge field	State	Zip 06877	
Business Phone No. 2034389581	5 State of Incorporation	•		6. SIC Code	
Brief Description of the Character of Business Conducted	CONNECTICUT	-		7518	
TO OFFER GENERAL ENGINEERING CON		HE GENERAL PUBLIC.			
NAMES AND ADDRESSES OF THE OFFICE	RS: ("X" BOX FOR ATT	ACHMENT)	N SPACES BEFORE USING	ATTACHMENTS	
resident Name		Vice President Name			
Nils V. Ericson					
19 Downesbury	Court	Street Address			
Ridge field CT	Zip 06877	City	State	Zıp	
Bruce O. Richardso	Treasurer Name				
reet Address	Street Address		 		
46 Owyer Road					
Middlebury State CT	zip 06762	City	State	Zip	
frector Name	ORS: ("X" BOX FOR AT	TACHMENT) FILL Director Name	IN SPACES BEFORE USING	G ATTACHMENTS	
Kenneth U. Jone	<u> </u>				
320 Farist Road		Street Address			
Fairfield State CT	Zip 06430	City	State	Zíp	
H. Clay Hines		Director Name			
115 Plumtrees Rocce		Street Address			
Bethel State CT	²⁴ 06801	Сиу	State	Zip	
O. SHARES AUTHORIZED ("X" BOX FOR A	TTACHMENT)		("X" BOX FOR ATTACHA	(ENT)	
NUTHORIZED SHARES Number of Shares Class/Series Par Value		ISSUED SHARES			
Chrospits	747 141114	Number of Shares	Class/Series	Par Value	
20,000 COMM NO PAR VALUE		59	Common		

File Date

Check No. 958

By: FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this repoincluding any accompanying schedules and statements, and that all statement contained herein are true and correct.

Signature of Officer

Bruce Richardson

Print or Type Name of Officer

Searchary

Title of Officer



FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

FORM MUST BE TYPED I I. Corporate ID No. *95038*	7. Name of Corporation THE DI SALVO ERICSON GROUP STRUCTURAL ENGINEERS, INC.					
3. Street Address Principal B			City	State	Zip	
63 COPPS HILL R	.D .		RIDGEFIELD	CT	06877	
1. Business Phone No.		5. State of Incorporati			6. SIC Code	
2034389581		CONNECTICU		·····	7518	
7 Brief Description of the C TO OPPER GENERAL	haracter of Business Con ENGINEERING CON	ducted in Rhode Island ISULTING SERVICES	TO THE GENERAL PUBLIC	÷.		
8. NAMES AND ADDR	ESSES OF THE OF	ICERS ("X" BOX FOR A	TTACHMENT) FILL IN SP.	ACES BEFORE USING AT	TACHMENTS	
Nils V. Ericson			· · · · · · · · · · · · · · · · · · ·			
Street Address	 		Sireei Address			
19 Downesbury Co	ourt		•			
City	State	Zip	City	State	Zip	
Ridgefield	СТ	06877	•			
ecretary Name	• • • • • • • • •		Tréasurer Name			
Bruce Richardson	<u> </u>			<u>. </u>		
Sireei Address			Sireet Address			
46 Dwyer Road						
City	State	Zip	City	State	Zip	
Middlebury	CT	06762	,			
	ESSES OF THE DIF	LECTORS ("X" BON FOI	RATTACHMENT) FILL IN S	SPACES BEFORE USING	ATTACHMENTS	
Director Name			Director Name			
Kenneth D. Jone	S					
Sireei Address			Sircet Address			
320 Farist Road		·				
City	State	Zip	·City	State	Zip	
Fairfield	JCT	06430	· · · · · · · · · · · · · · · · · · ·	. , . <i>.</i>]	
Director Name		. • •	* Director Name			
H. Clay Hines	······································		•			
Street Address			·Sircei Address			
115 Plumtrees R	oad Siate	17/6		State	Zip	
Ciny Bethel	CT	<i>Zip</i> 06801	· Gilly:	Siate	: :	
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10: SHARES AUTHOR AUTHORIZED SHARES	GEO. CA BOX FOR	ALIACHMENT	11, SHARES ISSUED, ("X" BOX FOR ATTACHMENT)			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
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20,000 COMM NO P	'AR VALUE		56	Common	; 0	
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i nis report must be si	gnea in ink by eiin	er ine rresident, vice	r resident, Secretary, Assi	siani secretary, treus	arer, Receiver or ir	
					•	
	A BIN 1818 MALES					
	\$3 84 \$8 8		Under penalty of pe	rjury, I declare and affirm	that I have examined	
* У	,			g any accompanying sche		
	211:05:50 AM*	$\overline{}$	•	nts contained herein are tr		
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*95038 FBC1/14/03		ı		へ イノ イ オス・カニー	1111112	
*95038 FBC1/14/03	2.05	_	Breet	2. Krebbiden		
File Date 1 [[18	_	Signature of Officer	2. Kuldaiden	Date 03	
. 1.17	18	- -	Signature of Officer BVVC Print or Type Name o	D. Richard		

Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATIO Filing Period: January 1-March 1	N ANNUAL REI Filing Fee: \$50.00	ORT FOR THE	YEAR = 2	002 STOP
(FORM MUST BE TYPED IN BLACK)				
1. Corporate ID No. 2. Name of Co.	•			
	SALVO ERICSON GROUP STR		_	
3. Street Address Principal Business Office G3 COPPS HTM 4. Business Phone No.	- RD. 5. State of Incorporation	RIGERIAD	State	21p 06877 6. SIC Code
203 438 9581	CONNECTICUT			7518
ENGINEERING	• • • • • •	- STRUCTUR	AL.	
8. NAMES AND ADDRESSES OF THE C President Name	PERCERS CX BOX FOR ATTACE	IMENT) FILL IN SPACES BE	FORE USING AT	TACHMENTS
NILS VI EVICSON	1			
19 Downesbur	y Court	Street Address		
Ribefield "CT"	06877	City	State	Zip
secretary is the Bruce D. Richau		Treasurer Name		
21 Yale Ave.		Street Address		
Middlebry "Ct	06762	City	State	Zip
9. NAMES AND ADDRESSES OF THE Director Name	DIRECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES I	BEFORE USING A	ATTACHMENTS
Kenneth D. Jon	es	. Director Name		
320 Farist Rd		Street Address		
Fairfield State	06930	City	State	Zip
H. Clay Hines	1	Director Name	***************************************	•••••••••••••••••••••••••••••••
street Address Plumtrees	Rd	Street Addiess		
Bethel State CT	108 80 1	City	State	Zip

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

ESPUED SHARES

Number of Shares



Class/Series

Par Value

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

AUTHORIZED SHARES

20,000 COMM NO PAR VALUE

Number of Shares

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and statements contained herein are true and correct

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

Par Value



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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PLEASE INSTRUC	READ HONS

(FORM MUST BE TYPED IN BLA	ACK)				
1. Corporate ID No. 95038	2. Name of Corporat THE Di SA		OUP STRUCTURAL EN	GINEERS, INC.	·
3. Street Address Principal Business	OFFICE STREET	Т	C117 P1006F1E	State State	2100877
4. Business Phone No. 438	9581	5. State of Incorporation CONNECTICU		•	6. SIC Code 7518
7. Brief Description of the Characte ENGINEER 8. NAMES AND ADDRES	TO SUSTING STATE OF THE OF THE		UCTURAL)	S BEFÖRE USING ATTA	CHNESTS
President Name	Ericson		Vice President Name	S DEL ORE COUNTY AT IN	CIMILATIS
Street Address	inesbury	1	* Street Address		
"Zidgefield	CT CT	06677	City	State	Zip
Secretary Name BVNCE T Street Address	D. Richau	dson	Treasurer Name Street Address		
21 (al	le Avenu	1 e	City	State	Zip
9. NAMES AND ADDRES	1 CT SSES OF THE DIRE	06762	TACHMENT) FILL IN SPA	CES BEFORE USING AT	
1 0111 01	D. Jones	S	Director Name	•	
Street Address Faris	+ Poad		Street Address	6 1.	- .
Edirfield Director Same	CT	06430	: City Director Name	State	Zip
H. Clay Street Address	Hines	n	Street Address		
City Bollod	ntress t	000 710 1000	Chy	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED	CX* BOX FOR ATTACHME	rr) 🧖
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
20,000 COMMON N	10 PAR VAL		50	comme	on O

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

	* 9 5 0 3 8 * 2/16
File Date:	
Check No.:	5985
D	Ce

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all fraterients contained herein are true and correct.

Signature of Officer

Print or Type Name of Officer,



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

James R. Langevin, Secretary of Sic Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-222-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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TANTES THOS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 95038 THE DI SALVO ERICSON GROUP STRUCTURAL ENGINEERS, INC. 3. Street Address Principal Business Office GROVE STREET RIDGEFIELD 06877 CT Business Phone No. 5. State of Incorporation 6. SIC Code 203) 438-9581 7518 CONNECTICUT Brief Description of the Character of Business Conducted in ENGINEERING Servicces 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** President Name Ericson Nils Street Address Downesbury Court City Zip Kidgefield Bruce D KicHARDSON Street Address ZIp City State Zip Middlebury 06877 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Kenneth D Jones Street Address 320 FARIST KOAD City City State Zip FAIRFIELD 06430 Director Name H, Clay Hines Street Address 115 Plumtrees City Zip City State 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 Par Value 20,000 COMMON NO PAR VAL Common

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

	* 9 5 0 3 8 *
File Date:	1/13/00
Check No.:	4996
2	a

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, an that all statements contained herein are true and correct.

Signature of Officer			Date		-
Print or Type Name of	Officer	· <u>·····</u> .	Bruce) Ric	CHARDS



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

James R. Langevin, Secretary of St. Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-222-36

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. Corgorate ID No. 2. Name of Corporation Salvo Ericson Group X 3. Street Address Principal Business Office GROVE STREET 0687 5. State of Incorporation CONNECTICUT ENGINEERING SERVICES STRUCTURA 8: NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name NONE City NONE Street Address Street Address 7.10 City Zip MIDDLE BURY 067 62 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS ... Director Name KENNETH D JONES Street Address 06430 Director Name Street Address City City Zip BETHER *ଠା*ଚ୍ଚଠା 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZEZ) SHARES ESSUED SHARES Number of Shares Class/Series Number of Shares Class/Series Par Value COMMON) This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trust



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Offite of the Secretary of State

James R. Langevin, Secretary of Sta Corporations Divisic 100 North Main Street, Providence, RI 02903-135

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

STOP PHAMERIAD INSTRUCTIONS

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 95038 THE DI SALVO ERICSON GROUP STRUCTURAL ENGINEERS,INC. 3. Street Address Principal Business Office "RIDGEFIELD 38C GROVE STREET 06877 4. Business Phone No 5. State of Incorporation (203) 438-9581 7518 CONNECTICUT 7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDES STRUCTURAL ENGINEERING DESIGN AND CONSULTING SERVICES 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name RICHARD S. DISALVO NONE Street Address Street Address 38C GROVE STREET 210 RIDGEFIELD NILS V. ERICSON Street Address Street Address 38C GROVE STREET 1 Zip City State RIDGEFIELD 06877 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name Director Name NONE NONE Street Address Street Address Cltv , Zip Director Name NONE NONE Street Address Street Address City City State Zio 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 O PAR VALUE 100 20,000 COMMON NO PAR VAL This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste

File Date: 7.9.98

Check No.: 3731

By: ______

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.

John J. Chila 7

RICHARD S. DI SALVO

Print or Type Name of Officer