



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. 71539		2. Name of Corporation Foster Survey Company			
3. Street Address Principal Business Office 8 North Rd			City Foster	State RI	Zip 02825
4. Business Phone No. (401) 647-9240		5. State of Incorporation RHODE ISLAND		6. SIC Code 7708	
7. Brief Description of the Character of Business Conducted in Rhode Island LAND SURVEYING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Eric D. Colburn			Vice President Name		
Street Address 8 North Rd			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Secretary Name			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			Director Name		
Street Address			Street Address		
City	State	Zip	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
2,000	NO PAR VALUE		2000	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 2.17.05
Check No. 6010
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] 2/17/05
Signature of Officer Date
Eric D. Colburn
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 71539		2. Name of Corporation Foster Survey Company			
3. Street Address Principal Business Office 8 NORTH ROAD			City FOSTER	State RI	Zip 02825
4. Business Phone No. (401) 647-9240		5. State of Incorporation RHODE ISLAND			6. SIC Code 7708
7. Brief Description of the Character of Business Conducted in Rhode Island LAND SURVEYING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ERIC D. COLBURN			Vice President Name		
Street Address 8 NORTH ROAD			Street Address		
City FOSTER	State RI	Zip 02825	City	State	Zip
Secretary Name			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			Director Name		
Street Address			Street Address		
City	State	Zip	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
2,000 NO PAR VALUE			2,000 SHARES NO	PAR VALUE	

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



* 7 1 5 3 9 *

File Date 1-16-04
Check No. 5459
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 certified herein are true and correct.

[Signature] Date 1/8/04
Signature of Officer
ERIC D. COLBURN
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. **71539** 2. Name of Corporation **Foster Survey Company**
 3. Street Address Principal Business Office **8 NORTH ROAD** City **FOSTER** State **RI** Zip **02825**
 4. Business Phone No. **(401) 647-9240** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7708**
 7. Brief Description of the Character of Business Conducted in Rhode Island
SURVEYING SERVICES

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

President Name ERIC D. COLBURN	Vice President Name
Street Address 8 NORTH ROAD	Street Address
City FOSTER State RI Zip 02825	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
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
2,000 NO PAR VALUE

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

ISSUED SHARES
 Number of Shares Class/Series Par Value
2,000 NO PAR VALUE

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



* 7 1 5 3 9 *

File Date: 3.18.03
 Check No.: 4994
 By: ICP

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.

Eric D. Colburn 3/1/03
 Signature of Officer Date
ERIC D. COLBURN **3/1/03**
 Print or Type Name of Officer
PRESIDENT



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 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. **71539** 2. Name of Corporation **Foster Survey Company**
3. Street Address Principal Business Office **8 North Road** City **Foster** State **R.I.** Zip **02825**
4. Business Phone No. **(401)647-9240** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7708**
7. Brief Description of the Character of Business Conducted in Rhode Island
Surveying Services

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

President Name Eric D. Colburn	Vice President Name
Street Address 8 North Road	Street Address
City Foster State R.I. Zip 02825	City State Zip
Secretary Name Same	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
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
2,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
2,000 NO PAR VALUE

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



* 7 1 5 3 9 *

File Date: 5-7-02

Check No.: 4493

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] 03/01/02
Signature of Officer Date

Eric D. Colburn

Print or Type Name of Officer
President

Title of Officer
S



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. **71539** 2. Name of Corporation **Foster Survey Company**

3. Street Address Principal Business Office **8 NORTH ROAD** City **FOSTER** State **RI** Zip **02825**
4. Business Phone No. **(401) 647-9240** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7708**

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

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

President Name **ERIC D. COLBURN** Vice President Name

Street Address **8 NORTH ROAD** Street Address
City **FOSTER** State **RI** Zip **02825** City State Zip

Secretary Name Treasurer Name
Street Address Street Address
City State Zip City State Zip

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

Director Name Director Name
Street Address Street Address
City State Zip City State Zip

Director Name Director Name
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
2,000 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
2000 no par value

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



* 7 1 5 3 9 *

File Date: 3/2/01

Check No.: 2894

By: KD

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.

Eric D. Colburn 2/28/01
Signature of Officer Date

ERIC D. COLBURN
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. **71539** 2. Name of Corporation **Foster Survey Company**
3. Street Address Principal Business Office
8 NORTH ROAD
4. Business Phone No. **(401) 647-9240** 5. State of Incorporation **RHODE ISLAND**

City **FOSTER** State **RI** Zip **02825**
6. SIC Code **7708**

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

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

President Name **ERIC D. COLBURN**
Street Address **8 NORTH ROAD**
City **FOSTER** State **RI** Zip **02825**
Secretary Name **SAME**
Street Address
City State Zip

Vice President Name
Street Address
City State Zip
Treasurer Name
Street Address
City State Zip

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

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,000 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
2000 NO PAR VALUE

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



* 7 1 5 3 9 *

File Date: 3/12/00

Check No.: 3506

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.

Eric D. Colburn 3/01/00
Signature of Officer Date

ERIC D. COLBURN PRESIDENT
Print or Type Name of Officer

Title of Officer



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. 71539		2. Name of Corporation Foster Survey Company	
3. Street Address Principal Business Office 8 NORTH ROAD		City FOSTER	State RI
		Zip 02825	
4. Business Phone No. 401-647-9240		5. State of Incorporation RHODE ISLAND	
		6. SIC Code 7708	
7. Brief Description of the Character of Business Conducted in Rhode Island SURVEYING SERVICES			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name ERIC D. COLBURN		Vice President Name	
Street Address 8 NORTH ROAD		Street Address	
City FOSTER	State RI	Zip 02825	
Secretary Name		Treasurer Name	
Street Address		Street Address	
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		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
2,000 SHS NO PAR VALUE			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
2,000 SHARES 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: Mar 9, 99
2964
Check No.: _____
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.

[Signature] 2-24-99
Signature of Officer Date
Eric D. Colburn
Print or Type Name of Officer
President
Title of Officer



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. **71539** 2. Name of Corporation **Foster Survey Company**
3. Street Address Principal Business Office **8 NORTH ROAD** City **FOSTER** State **RI** Zip **02825**
4. Business Phone No. **(401) 647-9240** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7708**
7. Brief Description of the Character of Business Conducted in Rhode Island **SURVEYING SERVICES**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name ERIC D. COLBURN	Vice President Name
Street Address 8 NORTH ROAD	Street Address
City FOSTER, State RI Zip 02825	City State Zip
Secretary Name ERIC D. COLBURN	Treasurer Name
Street Address 8 NORTH ROAD	Street Address
City FOSTER, State RI Zip 02825	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
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
2,000 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
2,000 SHARES NO PAR VALUE

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



* 7 1 5 3 9 *

File Date: 3/4
Check No.: 2559
By: KUP

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.

Eric D. Colburn 2-18-98
Signature of Officer Date

ERIC D. COLBURN
Print or Type Name of Officer
President
Title of Officer



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. **71539** 2. Name of Corporation **Foster Survey Company**
 3. Street Address Principal Business Office **8 NORTH ROAD** City **FOSTER** State **RI** Zip **02825**
 4. Business Phone No. **(401) 647-9240** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7708**
 7. Brief Description of the Character of Business Conducted in Rhode Island
SURVEYING SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name ERIC D. COLBURN	Vice President Name
Street Address 8 NORTH ROAD	Street Address
City FOSTER State RI Zip 02825	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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
2,000 SHS NO PAR VALUE			2000 SHARES 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: 3.27.97
 Check No.: 2161
 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 of Officer: Eric D. Colburn Date: 3-1-97
 Print or Type Name of Officer: ERIC D. COLBURN 3/1/97
 Title of Officer: PRESIDENT

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 D INC 71539		2 NAME OF CORPORATION Foster Survey Company	
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE 8 NORTH ROAD		CITY FOSTER	STATE R.I.
4 BUSINESS PHONE NO (401) 647-9240		5 STATE OF INCORPORATION RHODE ISLAND	6 SIC CODE 7708
7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND			

LAND SURVEYING AND OTHER LEGAL PURPOSES.

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME ERIC D. COLBURN			VICE PRESIDENT NAME N/A		
STREET ADDRESS 8 NORTH ROAD			STREET ADDRESS		
CITY FOSTER	STATE R.I.	ZIP CODE 02825	CITY	STATE	ZIP CODE
SECRETARY NAME ERIC D. COLBURN			TREASURER NAME N/A		
STREET ADDRESS 8 NORTH ROAD			STREET ADDRESS		
CITY FOSTER	STATE R.I.	ZIP CODE 02825	CITY	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME N/A			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
2,000 SHS	NO PAR VALUE		2000 SHS		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.

Eric D. Colburn
Signature of Officer

ERIC D. COLBURN

Print or Type Name of Officer
PRESIDENT

3/04/96

Title of Officer

Date

File Date:

Check No:

By:

4/8/96
1657
part up

For Secretary of State Use Only



ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

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

0071539

1995

Corporate ID: _____ Annual Report for the year: _____

Foster Survey Company

Name of Corporation: _____

Business entity organized under the laws of the State of: RI

Business Entity is (check one):

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

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: (401) 647-9240

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):

LAND-SURVEYING AND OTHER LEGAL PURPOSES

8 North Road
Foster RI 02825

Phone: (401) 647-9240

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Eric D. Colburn</u>	<u>8 North Rd</u>	<u>Foster, RI</u>	<u>02825</u>

VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE

SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Kurt J. Smith</u>	<u>23A South Killingly Rd</u>	<u>Foster, RI</u>	<u>02825</u>

TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Kurt J. Smith</u>	<u>23A South Killingly Rd</u>	<u>Foster RI</u>	<u>02825</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

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
<u>2000</u>	<u>No Par Value</u>		

Date January 20, 1995

By: Eric D. Colburn
Eric D. Colburn

PRINT OR TYPE NAME OF OFFICER SIGNING
President
 TITLE OF OFFICER SIGNING

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.

ERIC D. COLBURN
 8 NORTH ROAD
 FOSTER RI 02825

FILED
FILED
 FEB 1 1995
 By cc 1361
 FEB 2 1995
 By cc 1361

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
I.L.C. Sept. 1 - Nov. 1
CORP. Jan. 1 - March 1

Corporate ID: 0071539 Annual Report for the year: 1994

Name of Business Entity: Foster Survey Company

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: [REDACTED]

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

Phone: ()

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

8 NORTH ROAD, FOSTER, RI 02825

(401) 647-9240

Phone: ()

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)

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

ERIC COLBURN, PRESIDENT

Brief statement of the character of business conducted in Rhode Island
LAND SURVEYING AND OTHER LEGAL PURPOSES

Date of Organization MARCH 3, 1993 3/4/93

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

OFFICER TYPE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> PRESIDENT (Check One)	ERIC D. COLBURN	8 NORTH ROAD	FOSTER, RI	02825
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	KURT J. SMITH	23A SOUTH KILLINGLY ROAD	FOSTER, RI	02825
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	KURT J. SMITH	23A SOUTH KILLINGLY ROAD	FOSTER, RI	02825

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER
2000

CLASS

SERIES

PAR VALUE OR NO PAR VALUE
WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER

CLASS

SERIES

PAR VALUE OR
WITHOUT PAR

FILED
FEB 25 1994
By 115993

Date FEBRUARY 18, 1994, 19

By: _____

ERIC D. COLBURN, PRESIDENT

PRINT OR TYPE NAME OF OFFICER SIGNING

Eric D. Colburn

TITLE OF OFFICER SIGNING

Form 3 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.

ERIC D. COLBURN
8 NORTH ROAD
FOSTER RI 02825