

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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222.3040

Malthew /	1. Brown, Secretar	y of State			401.222.30		
		NNUAL REPO	RT FOR THE YEA	AR	5		
Filing Period: January 1 FORM MUST BE TYPED OR P		Filing Fee: \$50.00					
L. Corporate ID No.	2. Name of Corpo	ration	<u>-</u>	<del></del>	<del> </del>		
113739	ASCENT TE	CHNOLOGIES GROUP,	INC.				
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7251/2512	9	5. State of Incorporati	OH.		o. sic. Code		
7. Brief Description of the Character AVIATION EQUIPME	•	NEW YORK of in Rhode Island			<u> </u>		
B. NAMES AND ADDRESS	SES OF THE OFFIC	ERS: ("X" BOX FOR A	TTACHMENT) 📋 FILL IN	SPACES BEFORE USIN	G ATTACHMENTS		
President Name	for		Vice President Name				
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City	State	Zip	City	State	Zip		
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10. SHARES AUTHORIZE	ED ("X" BOX FOR	ATTACHMENT)	: 11. SHARES ISSUED ISSUED SHARES	("X" BOX FOR ATTAC	HMENT) 🗆		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
200 COMM NO PAR VALUE			///	ammen	Noles		

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

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8-1-05 35-676	
RETARY OF STATE USE ONLY	

Inder penalty of perjury, I declare and affirm th neluding any accompanying schedules and state	at I have examined this report, ements, and that all statements
contained hydrein are total and correct.	7/29/5
Christing S. Combs	bate
Print or Type Name of Officer  (Noww   C(V)	
Title of Officer 1	<u> </u>



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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

Form 630 Rev. 12/03

Matthew A. Brown, Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _	2004
Histor Double de Lamenton I. Mariela I. A. Elling Frances ASA AA	

Filing Period: January 1 - March 1 (FORM MUST BE TYPED OR PRINTED IN HIACK) 1. Corporate ID No 2. Name of Corporation ASCENT TECHNOLOGIES GROUP, INC. 3. Street Address Principal Business Office State One Mill 13131 4. Business Phone Na. 6. SIC Code 5. State of Incorporation 315-625-7299 **NEW YORK** 7. Brief Description of the Character of Business Conducted in Rhode Island AVIATION EQUIPMENT INSTALLATION 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Heidwen 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address Zip City State ZФ Director Name Director Name Street Address Street Address State Zip City State 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 200 COMM NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee rally of perjury. I declare and affirm that I have examined this report. including and accompanying schedules and statements, and that all statements d herein are true and correct. File Date FOR SECRETARY OF STATE USE ONLY Title of Officer

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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040



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File Date:	* 1 1 3 7 3 9 * 3.17.03
Check No.:	27312
Ву: <u>, , _</u>	2.
FOR SECRETA	RY OF STATE USE ONLY

Under penalty of perjury, I declare a	ind affirm that I have examined	
this report, including any accompan	lying schedules and statements,	and
that all futoments contained herein		
//st/VJsk	उर्।पेळ	
Signature of Officer	Date	
Christin S. Coophs		
Print or Type Name of Officer		
1/8254/4		
Title of Officer	Fern (30 12)	02

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

## 2002

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-Murch 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 113739 ASCENT TECHNOLOGIES GROUP, INC. 3. Street Address Principal Business Office ONE MILL STREET **PARISH NEW YORK** 13131 4. Business Phone No. 5. State of Incorporation 6. SIC Code 315-625-7299 **NEW YORK** 7. Brief Description of the Character of Business Conducted in Rhode Island NONE AT THIS TIME 8. NAMES AND ADDRESSES OF THE OFFICERS (\*x\* BOX FOR ATTACHMENT) XXFILL IN SPACES BEFORE USING ATTACHMENTS FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) Director Name Street Address Street Address City Zip ; Cin 2ip Director Name Director Name Street Address Street Address City State Zip State Zip 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARPS ISSUED) SHARES Number of Shares Class/Series Par Value 200 COMM NO PAR VALUE

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



4-18-02 File Date:

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 c

CHRISTINE S. COOMBS

Print or Type Name of Officer

**TREASURER** 

Title of Officer **423⊅** 5



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

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

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(FORM MUST BE TYPED IN BLA	ICK)				
1. Corporate ID No. 113739	2. Name of Corpora ASCENT TE	CHNOLOGIES GROUP	, INC.		
3. Street Address Principal Business ONE MIUS	treet		cin Pansh	State W	zip 13131
4. Business Phone No.		5. State of Incorporation NEW YORK			6. SIC Code
7. Brief Description of the Character Non( 2t His DM	r of Ausiness Conducted i	n Rhode Island			
	SES OF THE OFFI	CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEF	ORE USING ATT <u>A</u> C	HMENTS
President Name Hodwy C. Fulke Street Address			David E. Newman		
3059 West Main S			318 JanesulleRd		
Paish	State	13131	cir Devitt	State	13214
Dorothy C Beck			Chastine S. Combs		
30 Liberty St	_		186 Hungay Lone		
mexico	State	<sup>zi</sup> 93114	"Central Square	State	2"1303b
9. NAMES AND ADDRES Director Name	SES OF THE DIRI	ECTORS (*X* BOX FOR ATTA	CHMENT) · FILL IN SPACES B Director'Name	EFORE USING ATTA	ACHMENTS
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer



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File Date: _	000	
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Ву:	<u> </u>	
FOR SECRE	TARY OF STATE USE ONLY	

Under penalty of perjury, I declare a	
this eport, including any accompan	ying schedules and statements, and
that alighta smears constined herein	
1/h/2/11/19	3/1/01
Christine S. Clarity	Date
Print or Type Name of Officer	
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