



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

CHANGED

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>15740</b>		2. Name of Corporation <b>HART ENGINEERING CORPORATION</b>			
3. Street Address Principal Business Office <b>800 SCENIC VIEW DRIVE</b>			City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
4. Business Phone No. <b>(401) 658-4600</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>7518</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>CONTRACTORS AND ENGINEERS</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>DAVID F. RAMPONE</b>			Vice President Name <b>PAUL S. RAMPONE</b>		
Street Address <b>14 EAST BUTTERFLY WAY</b>			Street Address <b>29 SYLVIA LANE</b>		
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
Secretary Name <b>FRANK CARNEVALE</b>			Treasurer Name <b>C. FRANK RAMPONE</b>		
Street Address <b>14 SAGAMORE ROAD</b>			Street Address <b>6 JASON DRIVE</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>DAVID F. RAMPONE</b>			Director Name <b>PAUL S. RAMPONE</b>		
Street Address <b>14 EAST BUTTERFLY WAY</b>			Street Address <b>29 SYLVIA LANE</b>		
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
Director Name			Director Name <b>C. FRANK RAMPONE</b>		
Street Address			Street Address <b>6 JASON DRIVE</b>		
City	State	Zip	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
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
<b>8,000 COMM NO PAR VALUE</b>			<b>121</b>	<b>1984</b>	<b>NONE</b>

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

**FILED**

File Date **JUN 15 2004**  
Check No. **By GMA**  
By: \_\_\_\_\_

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 **DAVID F. RAMPONE** Date **6-10-04**

Print or Type Name of Officer  
**DAVID F. RAMPONE**

Title of Officer  
**PRESIDENT**