



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
401.222.3040

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. 126141		2. Name of Corporation AIZ CORPORATION			
3. Street Address Principal Business Office 1600 Financial Plaza			City Providence	State RI	Zip 02903
4. Business Phone No. (401) 331-3400		5. State of Incorporation CONNECTICUT			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Perry Lorenz			Vice President Name		
Street Address 7 Lorenz Parkway			Street Address		
City Ledyard	State CT	Zip 06339	City	State	Zip
Secretary Name Paul C. Maxfield			Treasurer Name Paul Maxfield		
Street Address 7 Lorenz Parkway			Street Address 7 Lorenz Parkway		
City Ledyard	State CT	Zip 06339	City Ledyard	State CT	Zip 06339
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Perry K. Lorenz			Director Name Edward L. Lorenz		
Street Address 7 Lorenz Parkway			Street Address 7 Lorenz Parkway		
City Ledyard	State CT	Zip 06339	City Ledyard	State CT	Zip 06339
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
500 COMM \$100.00 PAR VALUE			500	All Common	\$1.00

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



File Date	2-16-05
Check No.	21643
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.

	2/17/05
Signature of Officer	Date
Paul C. Maxfield	
Print or Type Name of Officer	
Secretary	
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
401.222.3040

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. 126141	2. Name of Corporation A/Z Corporation		
3. Street Address Principal Business Office 1600 Financial Plaza	City Providence	State RI	Zip 02903
4. Business Phone No. (401) 331-3400	5. State of Incorporation Connecticut	6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island Construction Services			

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Perry K. Lorenz			Vice President Name		
Street Address 7 Lorenz Parkway			Street Address		
City Ledyard	State CT	Zip 06339	City	State	Zip
Secretary Name Paul C. Maxfield			Treasurer Name Paul C. Maxfield		
Street Address 7 Lorenz Parkway			Street Address 7 Lorenz Parkway		
City Ledyard	State CT	Zip 06339	City Ledyard	State CT	Zip 06339

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Perry K. Lorenz			Director Name Edward L. Lorenz		
Street Address 7 Lorenz Parkway			Street Address 7 Lorenz Parkway		
City Ledyard	State CT	Zip 06339	City Ledyard	State CT	Zip 06339
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
500 COMM \$100.00 PAR VALUE			500	All Common	\$1.00

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



1 2 6 1 4 1

File Date	2/11/04
Check No.	15410
By:	OR
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
Paul C. Maxfield
Date
2/4/2004
Print or Type Name of Officer
Secretary
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 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.

126141

2. Name of Corporation

A/Z CORPORATION

3. Street Address Principal Business Office

1600 Financial Plaza

City

Providence

State

RI

Zip

02903

4. Business Phone No.

(401) 331-3400

5. State of Incorporation

CONNECTICUT

6. SIC Code

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

Construction services

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

President Name

Perry K. Lorenz

Vice President Name

Thomas Mahoney

Street Address

7 Lorenz Parkway

Street Address

7 Lorenz Parkway

City Ledyard State CT Zip 06339

City Ledyard State CT Zip 06339

Secretary Name

Marjorie Lorenz

Treasurer Name

Edward L. Lorenz

Street Address

7 Lorenz Parkway

Street Address

7 Lorenz Parkway

City Ledyard State CT Zip 06339

City Ledyard State CT Zip 06339

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

Director Name

Perry K. Lorenz

Director Name

Edward L. Lorenz

Street Address

7 Lorenz Parkway

Street Address

7 Lorenz Parkway

City Ledyard State CT Zip 06339

City Ledyard State CT Zip 06339

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

500 COMM \$100.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500 All Common \$100.00

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



* 1 2 6 1 4 1 *

File Date: 2-6-03

Check No.: 80739

By: UP

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

Perry K. Lorenz

Print or Type Name of Officer

President

Title of Officer

Date

1/31/03