



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

Matthew A. Brown, Secretary of State  
Corporations Division  
148 W. River St  
Providence RI 02904-2615  
401 222-3940

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 85541		2. Name of Corporation Industrial Equipment Associates, Inc			
3. Street Address Principal Business Office 125 Rosemary Dr			City North Kingstown	State RI	Zip 02852
4. Business Phone No. 207-439-3418		5. State of Incorporation R.I.			
6. Brief Description of the Character of Business Conducted in Rhode Island To Act As Representatives for Manufactures of Industrial Equipment.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael P. White			Vice President Name		
Street Address 217 Jennie Lane			Street Address		
City Eliot	State ME	Zip 03903	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. 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
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. 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
8000	Common	None	None		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

<b>FILED</b>	
File Date	JAN 03 2007
Check No.	
By	Michael P. White
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: Michael P. White Date: 1/3/07  
Print or Type Name: Michael P. White  
Title: President



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

Corporations Division  
100 North Main St  
Providence, RI 02903-15  
401 222 30

# 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. 85541		2. Name of Corporation Industrial Equipment Associates, Inc.		
3. Street Address Principal Business Office 125 Rosemary Dr		City North Kingstown	State RI	Zip 02852
4. Business Phone No. 207 439 3418		5. State of Incorporation RHODE ISLAND		6. SIC Code 2634
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS A REPRESENTATIVE FOR MANUFACTURERS FOR INDUSTRIAL EQUIPMENT.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Michael P. White		Vice President Name Michael P. White		
Street Address 125 Rosemary Dr		Street Address Same		
City North Kingstown	State RI	Zip 02852	City	State
Treasurer Name Michael P. White		Treasurer Name		
Street Address Same		Street Address		
City	State	Zip	City	State
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
8,000 COMM NO PAR VALUE			0	

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



\* 8 5 5 4 1 \*

File Date 4/14/04  
Check No. 1474  
By: W.

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 Michael P. White 4/14/04  
Date  
Print or Type Name of Officer Michael P. White  
Title of Officer President



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 2003**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 85541		2. Name of Corporation Industrial Equipment Associates, Inc.		
3. Street Address Principal Business Office 125 Rosemary Drive		City North Kingstown	State RI	Zip 02852
4. Business Phone No. <del>401-295-6130</del> 401-789-7943		5. State of Incorporation Rhode Island		6. SIC Code 2634
7. Brief Description of the Character of Business Conducted in Rhode Island To act as a representative for manufacturers for industrial equipment				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Micheal P. White		Vice President Name Michael P. White		
Street Address 125 Rosemary Drive		Street Address 125 Rosemary Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI
Secretary Name Michael P. White		Treasurer Name Michael P. White		
Street Address 125 Rosemary Drive		Street Address 125 Rosemary Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
8,000	Common	No Par Value	100	Common

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



8 5 5 4 1

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.

File Date 5-19-03  
Check No. 1403  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

[Signature] 5/12/03  
Signature of Officer Date  
Michael P. White  
Print or Type Name of Officer  
President  
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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 85541 2. Name of Corporation Industrial Equipment Associates, Inc.  
3. Street Address Principal Business Office 23 Brown ST #104 City North Kingstown State RI Zip 02852  
4. Business Phone No. 401 295 0100 5. State of Incorporation RHODE ISLAND 6. SIC Code 2634

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

Sales Representatives for Industrial Equipment

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

President Name <u>Michael P. White</u>	Vice President Name <u>NONE</u>
Street Address <u>20 Jennie Lane</u>	Street Address <u>NONE</u>
City <u>Eliot</u> State <u>ME</u> Zip <u>03903</u>	City <u>NONE</u> State <u>NONE</u> Zip <u>NONE</u>
Secretary Name <u>Michael P. White</u>	Treasurer Name <u>Michael P. White</u>
Street Address <u>20 Jennie Lane</u>	Street Address <u>20 Jennie Lane</u>
City <u>Eliot</u> State <u>ME</u> Zip <u>03903</u>	City <u>Eliot</u> State <u>ME</u> Zip <u>03903</u>

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

Director Name <u>NONE</u>	Director Name <u>NONE</u>
Street Address <u>NONE</u>	Street Address <u>NONE</u>
City <u>NONE</u> State <u>NONE</u> Zip <u>NONE</u>	City <u>NONE</u> State <u>NONE</u> Zip <u>NONE</u>
Director Name <u>NONE</u>	Director Name <u>NONE</u>
Street Address <u>NONE</u>	Street Address <u>NONE</u>
City <u>NONE</u> State <u>NONE</u> Zip <u>NONE</u>	City <u>NONE</u> State <u>NONE</u> Zip <u>NONE</u>

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>8,000</u>	<u>COMM</u>	<u>NO PAR VALUE</u>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>1</u>	<u>NONE</u>	<u>NONE</u>

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



\* 8 5 5 4 1 \*

File Date: 02-21-02

Check No.: 1238

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.

Michael P. White 2/18/02  
Signature of Officer Date

Michael P. White  
Print or Type Name of Officer

PRESIDENT  
Title of Officer



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

Corporations Division  
100 North Main Street, Providence, RI 02903-13  
401-222-30



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. 85541 2. Name of Corporation Industrial Equipment Associates, Inc.

3. Street Address Principal Business Office 23 Brown St, #104 City North Kingstown State RI Zip 02852  
4. Business Phone No. 401-295-0100 5. State of Incorporation RHODE ISLAND 6. 2654

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

TO ACT as a representative for manufacturers for Industrial Equipment

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

President Name <u>Michael P. White</u>	Vice President Name
Street Address <u>23 Brown St, #104</u>	Street Address
City <u>No. Kingstown</u> State <u>RI</u> Zip <u>02852</u>	City State Zip
Secretary Name <u>Michael P. White</u>	Treasurer Name <u>Michael P. White</u>
Street Address <u>23 Brown St, #104</u>	Street Address <u>23 Brown St, #104</u>
City <u>No. Kingstown</u> State <u>RI</u> Zip <u>02852</u>	City <u>No. Kingstown</u> State <u>RI</u> Zip <u>02852</u>

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
<u>8,000</u>	<u>COMM</u>	<u>NO PAR VALUE</u>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>Common Stock</u>	<u>None</u>

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



\* 8 5 5 4 1 \*

File Date: 1/18

Check No.: 1069

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] 1/18/01  
Signature of Officer Date

Michael P. White  
Print or Type Name of Officer

President  
Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No 85541 2. Name of Corporation **Industrial Equipment Associates, Inc.**  
3. Street Address Principal Business Office 23 Brown Street, #104 City North Kingstown State RI Zip 02852  
4. Business Phone No 401-295-0100 5. State of Incorporation Rhode Island 6. SIC Code 2634

7. Brief Description of the Character of Business Conducted in Rhode Island  
To act as representative for manufacturers for industrial equipment

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

President Name White, Michael P. Street Address 23 Brown Street, #104 City North Kingstown State RI Zip 02852 Secretary Name White, Michael P. Street Address 23 Brown Street, #104 City North Kingstown State RI Zip 02852	Vice President Name  Street Address  City  State  Zip  Treasurer Name White, Michael P. Street Address 23 Brown Street, #104 City North Kingstown State RI Zip 02852
--	--

**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
8,000.00	Common Stock	none

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100.00	Common Stock	none

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

File Date: **FILED**

Check No. **FEB 28 2000**

By: **MD 1525**

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

**Michael P. White** 2/24/00  
Signature of Officer Date

**Michael P. White**  
Print or Type Name of Officer

**President**  
Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-15  
401-277-36

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. Corporate ID No. 85541		2. Name of Corporation Industrial Equipment Associates, Inc.		
3. Street Address Principal Business Office 23 Brown Street, #104		City North Kingstown	State RI	Zip 02852
4. Business Phone No. 401-295-0100		5. State of Incorporation Rhode Island		6. SIC Code 2634
7. Brief Description of the Character of Business Conducted in Rhode Island To act as representative for manufacturers for industrial equipment				
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
President Name Gardiner, George P.		Vice President Name		
Street Address 23 Brown Street, #104		Street Address		
City North Kingstown	State RI	Zip 02852	City	State
Secretary Name Gardiner, George P.		Treasurer Name Gardiner, George P.		
Street Address 23 Brown Street, #104		Street Address 23 Brown Street, #104		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
8,000.00	Common Stock	none	100.00	Common Stock
ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
	Common Stock	none		Common Stock

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

File Date: \_\_\_\_\_

FILED

Check No.: \_\_\_\_\_

FEB 10 1999

By: \_\_\_\_\_

By: JMD 1398

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 \_\_\_\_\_ Date 2/8/99

Print or Type Name of Officer GEORGE P. GARDINER

Title of Officer PRESIDENT



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-11  
401-277-3000

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. 85541		2. Name of Corporation Industrial Equipment Associates, Inc.			
3. Street Address Principal Business Office 23 Brown St. #104		City North Kingstown		State RI	Zip 02852
4. Business Phone No.		5. State of Incorporation Rhode Island			6. SIC Code 2834
7. Brief Description of the Character of Business Conducted in Rhode Island To act as a representative for manufacturers for industrial equipment and to provide all services related thereto.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)					
President Name George F. Gardiner			Vice President Name		
Street Address 23 Brown St. #104			Street Address		
City North Kingstown RI Zip 02852			City State Zip		
Secretary Name George F. Gardiner			Treasurer Name George F. Gardiner		
Street Address 23 Brown St. #104			Street Address 23 Brown St. #104		
City North Kingstown RI Zip 02852			City North Kingstown RI Zip 02852		
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)					
Director Name NONE			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)					
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
8000.00	Common	No Par Value	100.00	Common	No Par V

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

Industrial Equipment Associates, Inc.

File Date: 2/20/98

Check No.: 1258

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

Date

George P. Gardiner  
Print or Type Name of Officer

President  
Title of Officer





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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-133  
401-277-304



**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.  
**85541**

2. Name of Corporation  
**Industrial Equipment Associates, Inc.**

3. Street Address Principal Business Office

**580 Ten Rod Road**

City

**North Kingstown**

State

**RI**

Zip

**02852**

4. Business Phone No.

5. State of Incorporation

**RHODE ISLAND**

6. SIC Code

**2634**

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

To act as a representative for manufacturers for industrial equipment and to provide all services related thereto.

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

President Name

**George P. Gardiner**

Vice President Name

Street Address

**580 Ten Rod Road**

Street Address

City

**North Kingstown**

State

**RI**

Zip

**02852**

City

State

Zip

Secretary Name

**George P. Gardiner**

Treasurer Name

**George P. Gardiner**

Street Address

**580 Ten Rod Road**

Street Address

**580 Ten Rod Road**

City

**North Kingstown**

State

**RI**

Zip

**02852**

City

**North Kingstown**

State

**RI**

Zip

**02852**

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

Director Name

**None**

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

Number of Shares

Class/Series

Par Value

**8,000 SHS COMM NO PAR VAL**

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**100.00**

**Common**

**No Par Value**

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



\* 8 5 5 4 1 \*

**Industrial Equipment Associates, Inc.**

File Date: 3/21/97

Check No.: 1141

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] 3/1/97  
Signature of Officer Date

**GEORGE P. GARDINER**

Print or Type Name of Officer

**President**

Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

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

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) 277-30

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 85541		2. NAME OF CORPORATION Industrial Equipment Associates, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 580 Ten Rod Road		CITY North Kingstown,	STATE RI
		ZIP CODE 02852	
4. BUSINESS PHONE NO.		5. STATE OF INCORPORATION Rhode Island	
		6. SIC CODE 2634	

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
To act as a representative for manufacturers for industrial equipment and to provide all services related thereto.

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME George P. Gardiner			VICE PRESIDENT NAME		
STREET ADDRESS 580 Ten Rod Road			STREET ADDRESS		
CITY North Kingstown	STATE RI	ZIP CODE 02852	CITY	STATE	ZIP CODE
SECRETARY NAME George P. Gardiner			TREASURER NAME George P. Gardiner		
STREET ADDRESS 580 Ten Rod Road			STREET ADDRESS 580 Ten Rod Road		
CITY North Kingstown	STATE RI	ZIP CODE 02852	CITY North Kingstown	STATE RI	ZIP CODE 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME NONE			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
8000.00	Common	No Par Value	100.00	Common	No Par Value

This report must be **SIGNED IN INK** by either the  
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Industrial Equipment Associates, Inc.

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

File Date:

*George P. Gardiner*  
Signature of Officer

Check No:

**GEORGE P. GARDINER**  
Print or Type Name of Officer

By:

**PRESIDENT**  
Title of Officer

For Secretary of State Use Only

3/12/96  
Date