



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 104643		2. Name of Corporation AUTOMATED MACHINE DESIGN, INC.			
3. Street Address Principal Business Office 15 MORGAN MILL ROAD			City JOHNSTON	State RI	Zip 02919
4. Business Phone No. (401) 461-3244		5. State of Incorporation RHODE ISLAND			6. SIC Code 1099
7. Brief Description of the Character of Business Conducted in Rhode Island THE DESIGN, MANUFACTURING AND SALBS OF CUSTOM AUTOMATIONEQUIPMENT.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name THURSTON GRAY			Vice President Name NONE		
Street Address 113 BARTLETT AVENUE			Street Address		
City CRANSTON	State RI	Zip 02905	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
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 NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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
8,000	NO PAR VALUE		NONE		

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



1 0 4 6 4 3

104643 DBC 02/04/05 03:03:12 PM

File Date **FILED**

Check No. **FEB 08 2005**

By: **By: 2009**

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.

Thurston Gray 02/04/2005
Signature of Officer Date

THURSTON GRAY
Print or Type Name of Officer

PRESIDENT
Title of Officer



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. 104643		2. Name of Corporation AUTOMATED MACHINE DESIGN, INC.			
3. Street Address Principal Business Office 15 MORGAN MILL ROAD			City JOHNSTON	State RI	Zip 02919
4. Business Phone No. (401) 461-3244		5. State of Incorporation RHODE ISLAND		6. SIC Code 1099	
7. Brief Description of the Character of Business Conducted in Rhode Island DESIGN, MANUFACTURE AND SALES OF CUSTOM ASSEMBLY EQUIPMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS []					
President Name THURSTON GRAY			Vice President Name NONE		
Street Address 113 BARTLETT AVENUE			Street Address		
City CRANSTON	State RI	Zip 02905	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
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 NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) []					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE		NONE		
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) []					

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

File Date: 2/16/04
 Check No.: 1849
 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.

Thurston Gray 02/16/2004
 Signature of Officer Date
THURSTON GRAY
 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 IN BLACK)

1. Corporate ID No. *104643*		2. Name of Corporation AUTOMATED MACHINE DESIGN, INC.			
3. Street Address Principal Business Office 15 MORGAN MILL ROAD			City JOHNSTON	State RI	Zip 02919
4. Business Phone No. 4014613244		5. State of Incorporation RHODE ISLAND			6. SIC Code 1099
7. Brief Description of the Character of Business Conducted in Rhode Island THE DESIGN, MANUFACTURING AND SALES OF CUSTOM AUTOMATION EQUIPMENT.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) - FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name THURSTON GRAY			Vice President Name NONE		
Street Address 113 BARTLETT AVENUE			Street Address		
City CRANSTON	State RI	Zip 02905	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
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 NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE		NONE		

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



* 1 0 4 6 4 3 *

**104643* 2/13/036:53:55 PM*

File Date **FILED**

Check No. **FEB 28 2003**

By: **CO AM 313988**

FOR SECRETARY OF STATE (OFFICIAL 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.

ED H/L Thurston Gray 02/25/03
Signature of Officer Date
THURSTON GRAY
Print or Type Name of Officer
PRESIDENT
RECEIVED
FEB 25 2003
Treasurer



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. **104643** 2. Name of Corporation **AUTOMATED MACHINE DESIGN, INC.**
3. Street Address Principal Business Office **5 ABORN STREET** City **CRANSTON** State **RI** Zip **02905**
4. Business Phone No. **(401) 461 3244** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1099**
7. Brief Description of the Character of Business Conducted in Rhode Island
DESIGN AND FABRICATION OF CUSTOM ASSEMBLY EQUIPMENT

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

President Name	THURSTON GRAY	Vice President Name	NONE
Street Address	113 BARTLETT AVENUE	Street Address	
City	CRANSTON RI 02905	City	
Secretary Name	NONE	Treasurer Name	NONE
Street Address		Street Address	
City		City	

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

Director Name	NONE	Director Name	NONE
Street Address		Street Address	
City		City	
Director Name	NONE	Director Name	NONE
Street Address		Street Address	
City		City	

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

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



* 1 0 4 6 4 3 *

File Date: 1-10-02
Check No.: 1510
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.

Thurston Gray 01/04/02
Signature of Officer Date
THURSTON GRAY
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. **104643** 2. Name of Corporation **AUTOMATED MACHINE DESIGN, INC.**

3. Street Address **5 ABORN STREET** City **CRANSTON** State **RI** Zip **02905**

4. Business Phone No. **(401) 461 3244** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **10999**

7. Brief Description of the Character of Business Conducted in Rhode Island
DESIGN AND FABRICATION OF CUSTOM ASSEMBLY EQUIPMENT

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

President Name	THURSTON GRAY	Vice President Name	NONE
Street Address	113 BARTLETT AVENUE	Street Address	
City	CRANSTON State RI Zip 02905	City	State Zip
Secretary Name	NONE	Treasurer Name	NONE
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	NONE	Director Name	NONE
Street Address		Street Address	
City	State Zip	City	State Zip
Director Name	NONE	Director Name	NONE
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
8,000	NO	PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
NONE		

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



* 1 0 4 6 4 3 *

File Date: 3/21/01

Check No.: 1323

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.

Thurston Gray 2/26/01

Signature of Officer Date

THURSTON GRAY

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. **104643** 2. Name of Corporation **AUTOMATED MACHINE DESIGN, INC.**
 3. Street Address Principal Business Office **5 ABORN STREET** City **CRANSTON** State **RI** Zip **02905**
 4. Business Phone No. **(401) 461 3244** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1099**

7. Brief Description of the Character of Business Conducted in Rhode Island
DESIGN AND FABRICATION OF CUSTOM ASSEMBLY EQUIPMENT

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

President Name	THURSTON GRAY	Vice President Name	NONE
Street Address	113 BARTLETT AVENUE	Street Address	
City	CRANSTON RI 02905	City	
Secretary Name	NONE	Treasurer Name	NONE
Street Address		Street Address	
City		City	

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

Director Name	NONE	Director Name	NONE
Street Address		Street Address	
City		City	
Director Name	NONE	Director Name	NONE
Street Address		Street Address	
City		City	

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

AUTHORIZED SHARES
 Number of Shares Class/Series Par Value
8,000 NO PAR VALUE

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

ISSUED SHARES
 Number of Shares Class/Series Par Value
NONE

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



* 1 0 4 6 4 3 *

3/10/00

File Date: _____

Check No.: _____

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.

Thurston Gray 2/24/2000
 Signature of Officer Date

THURSTON GRAY
 Print or Type Name of Officer

PRESIDENT
 Title of Officer