



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. <b>85244</b>		2. Name of Corporation <b>Commonwealth Dynamics, Inc.</b>			
3. Street Address Principal Business Office <b>95 Court Street</b>			City <b>Portsmouth</b>	State <b>NH</b>	Zip <b>03801</b>
4. Business Phone No <b>603 433-6060</b>		5. State of Incorporation <b>MASSACHUSETTS</b>			6. SIC Code <b>7518</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>DESIGN OF STEEL AND CONCRETE CHIMNEYS.</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 A. Kanner</b>			Vice President Name		
Street Address <b>32 Captain's Way, Exeter, NH 03833</b>			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
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 <b>David A. Kanner</b>			Director Name		
Street Address <b>32 Captain's Way, Exeter, NH 03833</b>			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) <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
12,500 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



\*85244\*

File Date 6/27/05  
Check No. 7425  
By: DA

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.

David A. Kanner 6/28/05  
Signature of Officer Date

**David A. Kanner**

Print or Type Name of Officer

**President**

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 OR PRINTED IN BLACK)

1. Corporate ID No. <b>85244</b>		2. Name of Corporation <b>Commonwealth Dynamics, Inc.</b>			
3. Street Address Principal Business Office <b>95 COURT STREET</b>			City <b>PORTSMOUTH</b>	State <b>NH</b>	Zip <b>03801</b>
4. Business Phone No. <b>603 433-6060</b>		5. State of Incorporation <b>MASSACHUSETTS</b>			6. SIC Code <b>7518</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>DESIGN OF STEEL AND CONCRETE CHIMNEYS.</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 A. Kanner</b>			Vice President Name		
Street Address <b>32 Captain's Way</b>			Street Address		
City <b>Exeter</b>	State <b>NH</b>	Zip <b>03833</b>	City	State	Zip
Secretary Name			Treasurer Name		
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			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) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
12,500 COMM NO PAR VALUE			None		

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



\* 8 5 2 4 4 \*

File Date	<b>1-23-04</b>
Check No.	<b>6296</b>
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 A. Kanner**  
Print or Type Name of Officer  
**President**  
Title of Officer  
Date **1/19/04**



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. 2. Name of Corporation

85244

Commonwealth Dynamics, Inc.

3. Street Address Principal Business Office

95 Court Street

City State

Portsmouth

NH

Zip 03801

4. Business Phone No.

603 433-6060

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

7518

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

Engineering + Construction Services

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

David A. Kanner

Vice President Name

Street Address

32 Captain's Way

Street Address

City

Exeter

State

NH

Zip

03833

City

State

Zip

Secretary Name

Treasurer Name

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

David A. Kanner

Director Name

Street Address

32 Captain's Way

Street Address

City

Exeter

State

NH

Zip

03833

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

12,500 COMM NO PAR VALUE

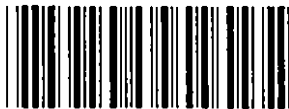
Number of Shares

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



\* 8 5 2 4 4 \*

File Date:

1-24-03

Check No.:

4887

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

Date

David A. Kanner

President

Title of Officer

5

Form 630 12/02



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. **85244** 2. Name of Corporation **Commonwealth Dynamics, Inc.**  
3. Street Address Principal Business Office **95 Court Street** City **Portsmouth** State **NH** Zip **03801**  
4. Business Phone No. **(603) 433-6060** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Chimney Design & Construction**

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

President Name <b>David A. Kanner</b>			Vice President Name		
Street Address <b>32 Captain's Way</b>			Street Address		
City <b>Exeter</b>	State <b>NH</b>	Zip <b>03842</b>	City	State	Zip
Secretary Name			Treasurer Name		
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 <b>David A. Kanner</b>			Director Name		
Street Address <b>32 Captain's Way</b>			Street Address		
City <b>Exeter</b>	State <b>NH</b>	Zip <b>03842</b>	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
<b>12,500 SHS COMM NO PAR</b>		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>None Issued</b>		

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



\* 8 5 2 4 4 \*

File Date: 2/4/02

Check No.: 3703

By: 912

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 A. Kanner Date 1/14/02

**David A. Kanner**  
Print or Type Name of Officer

**President**  
Title of Officer

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

85244

2. Name of Corporation

Commonwealth Dynamics, Inc.

3. Street Address Principal Business Office

95 Court Street

City

PORTSMOUTH

State

RI

Zip

03801

4. Business Phone No.

(003) 433-6060

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

7518

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

chimney design + construction

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

David A. Kanner

Vice President Name

Street Address

32 Captain's Way

Street Address

City

Exeter

State

RI

Zip

03842

City

State

Zip

Secretary Name

Treasurer Name

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

David A. Kanner

Director Name

Street Address

32 Captain's Way

Street Address

City

Exeter

State

RI

Zip

03842

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

12,500 SHS COMM NO PAR

Number of Shares

Class/Series

Par Value

100 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 2 4 4 \*

2/1

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

Check No.: 2649

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.

David A. Kanner 1/11/01  
Signature of Officer Date

DAVID A. KANNER

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 02903-1335  
401-222-3040



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. **85244** 2. Name of Corporation **Commonwealth Dynamics, Inc.**  
3. Street Address Principal Business Office **60 West Road** City **Portsmouth** State **NH** Zip **03801**  
4. Business Phone No. **603-433-6060** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Design/construction of steel and concrete chimneys**

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

President Name <b>David A. Kanner</b>	Vice President Name
Street Address <b>60 West Road</b>	Street Address
City <b>Portsmouth</b> State <b>NH</b> Zip <b>03801</b>	City State Zip
Secretary Name	Treasurer Name
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 <b>David A. Kanner</b>	Director Name
Street Address <b>60 West Road</b>	Street Address
City <b>Portsmouth</b> State <b>NH</b> Zip <b>03801</b>	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
<b>12,500 SHS COMM NO PAR</b>		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No par</b>

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



\* 8 5 2 4 4 \*

File Date: 4/13/00

Check No.: 1838

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.

David A. Kanner 3/27/00  
Signature of Officer Date

**David A. Kanner**  
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 02903-1335  
401-277-3040



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. **04-2712155** 2. Name of Corporation **Commonwealth Dynamics, Inc.**  
3. Street Address Principal Business Office **60 West Road** City **Portsmouth** State **NH** Zip **03801**  
4. Business Phone No. **603-433-6060** 5. State of Incorporation **Massachusetts** 6. SIC Code

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

**Design/construction of steel and concrete chimneys**

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

President Name

**David A. Kanner**

Street Address

**60 West Road**

City

**Portsmouth**

State

**NH**

Zip

**03801**

Secretary Name

Street Address

City

State

Zip

Vice President Name

Street Address

City

State

Zip

Treasurer Name

Street Address

City

State

Zip

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

Director Name

**David A. Kanner**

Street Address

**60 West Road**

City

**Portsmouth**

State

**NH**

Zip

**03801**

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

**12,500**

**Common**

**No Par Value**

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**100**

**Common**

**No Par Value**

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

File Date: **PAID**

Check No.: **MAR 04 1999**

By: **SECRETARY OF STATE**

FOR SECRETARY OF STATE USE ONLY

66. 111 ET 2

RECEIVED  
STATE

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.

**David A. Kanner** 3/3/99  
Signature of Officer Date

**David A. Kanner**  
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 02903-1335  
401-277-3040



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.

2. Name of Corporation

04-2712155

Commonwealth Dynamics, Inc.

3. Street Address Principal Business Office

City

State

Zip

60 West Road

Portsmouth

NH

03801

4. Business Phone No.

5. State of Incorporation

6. SIC Code

603-433-6060

Massachusetts

7518

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

Design/construction of steel and concrete chimneys

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

President Name

Vice President Name

David A. Kanner

Street Address

Street Address

60 West Road

City

State

Zip

City

State

Zip

Portsmouth

NH

03801

Secretary Name

Treasurer Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

Director Name

Director Name

David A. Kanner

Street Address

Street Address

60 West Road

City

State

Zip

City

State

Zip

Portsmouth

NH

03801

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

12,500

Common

No Par Value

100

Common

No Par Value

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

File Date: PAID 10/21/98

Check No.: MAR 04 1999 210591

By: SECY OF STATE

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

10/21/98

Date

David A. Kanner

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 02903-1335  
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 85244 2. Name of Corporation Commonwealth Dynamics, Inc.  
3. Street Address Principal Business Office 60 West Road City Portsmouth State NH Zip 03801  
4. Business Phone No. 603-433-6060 5. State of Incorporation Massachusetts 6. SIC Code 7518

7. Brief Description of the Character of Business Conducted in Rhode Island  
Design/construction of steel and concrete chimneys

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

President Name	Vice President Name
<u>David A. Kanner</u>	
Street Address	Street Address
<u>60 West Road</u>	
City	City
<u>Portsmouth</u>	
State	State
<u>NH</u>	
Zip	Zip
<u>03801</u>	
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name	Director Name
<u>David A. Kanner</u>	
Street Address	Street Address
<u>60 West Road</u>	
City	City
<u>Portsmouth</u>	
State	State
<u>NH</u>	
Zip	Zip
<u>03801</u>	
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<u>12,500</u>	<u>Common</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</u>	<u>No Par Value</u>

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

File Date: PAID 10/21/98  
MAR 04 1999

Check No.: SECY OF STATE

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.

David A. Kanner 10/21/98  
Signature of Officer Date

David A. Kanner  
Print or Type Name of Officer

President  
Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 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) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 85244		2. NAME OF CORPORATION Commonwealth Dynamics, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 60 West Road		CITY Portsmouth		STATE NH	ZIP CODE 03801
4. BUSINESS PHONE NO. (603) 433-6060		5. STATE OF INCORPORATION MASSACHUSETTS			6. SIC CODE 7518
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Engineering of steel smokestacks.					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME David A. Kanner			VICE PRESIDENT NAME Same		
STREET ADDRESS 60 West Road			STREET ADDRESS		
CITY Portsmouth	STATE NH	ZIP CODE 03801	CITY	STATE	ZIP CODE
SECRETARY NAME Same			TREASURER NAME Same		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME David A. Kanner			DIRECTOR NAME		
STREET ADDRESS 60 West Road			STREET ADDRESS		
CITY Portsmouth	STATE NH	ZIP CODE 03801	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
12,500 SHS COMM NO PAR			NONE		

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

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 A. Kanner**  
Print or Type Name of Officer

**President**  
Title of Officer

**1/11/96**  
Date

File Date:

2/2/96

Check No:

3382

By:

CP

For Secretary of State Use Only