



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. 119847		2. Name of Corporation MAG ASSOCIATES, INC.			
3. Street Address Principal Business Office 83 South Rose Street			City E. Providence	State RI	Zip 02914
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 7682
7. Brief Description of the Character of Business Conducted in Rhode Island ARCHITECTURAL DESIGN, SUPERVISION AND ALL RELATED CONSTRUCTION ACTIVITIES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Martin Ezeama			Vice President Name Gene Mancino		
Street Address 34 Fern Street			Street Address 83 S. Rose Street		
City Warwick	State RI	Zip 02889	City E. Providence	State RI	Zip 02914
Secretary Name Al Mancino			Treasurer Name Al Mancino		
Street Address 83 S. Rose Street			Street Address 83 S. Rose Street		
City E. Providence	State RI	Zip 02914	City E. Providence	State RI	Zip 02914
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"/>			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
1,000	NO PAR VALUE		1000		No Par Value

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 Martin Ezeama Date 2/11/05

MARTIN EZEAMA
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date 6-3-05
Check No. 1653
By: PC
FOR SECRETARY OF STATE USE ONLY



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. 119847		2. Name of Corporation EZEMAN ASSOCIATES, INC.			
3. Street Address Principal Business Office 83 S. Rose Street			City E. Providence	State RI	Zip 02914
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 7682
7. Brief Description of the Character of Business Conducted in Rhode Island ARCHITECTURAL DESIGN, SUPERVISION AND ALL RELATED CONSTRUCTIONAL ACTIVITIES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Martin Ezeman			Vice President Name Gene Mancino		
Street Address 34 Fern Street			Street Address 83 S. Rose Street		
City Warwick	State RI	Zip 02889	City E. Providence	State RI	Zip 02914
Secretary Name Al Mancino			Treasurer Name Al Mancino		
Street Address 83 S. Rose Street			Street Address 83 S. Rose Street		
City E. Providence	State RI	Zip 02914	City E. Providence	State RI	Zip 02914
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"/>			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
1,000 NO PAR VALUE			1000 NO PAR VALUE		

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



* 1 1 9 8 4 7 *

File Date 3/5/04
Check No. 1649
By: ls.
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.

Martin Ezema 1/28/04
Signature of Officer Date
MARTIN EZEAMA
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 OR PRINTED IN BLACK)

1. Corporate ID No. **119847** 2. Name of Corporation **EZEMAN ASSOCIATES, INC.**
3. Street Address Principal Business Office **83 S. Rose Street** City **E. Providence** State **RI** Zip **02914**
4. Business Phone No. **(401) 431-1660** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7682**

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

Architectural design, supervision and all related constructional activities

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

President Name Martin Ezeama	Vice President Name Gene Mancino
Street Address 34 Fern Street	Street Address 83 S. Rose Street
City Warwick State RI Zip 02889	City E. Providence State RI Zip 02914
Secretary Name Al Mancino	Treasurer Name Al Mancino
Street Address 83 S. Rose Street	Street Address 83 S. Rose Street
City E. Providence State RI Zip 02914	City E. Providence State RI Zip 02914

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	City
State	State
Zip	Zip
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
1,000 NC PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 PAR VALUE NONE

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



* 1 1 9 8 4 7 *

File Date: 5.22.03
Check No.: 1604
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.

[Signature] 4/29/03
Signature of Officer Date

MARTIN EZEAMA
Print or Type Name of Officer

PRESIDENT
Title of Officer

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. **119847** 2. Name of Corporation **EZEMAN ASSOCIATES, INC.**
3. Street Address Principal Business Office **83 S. Rose Street** City **E. Providence** State **RI** Zip **02914**
4. Business Phone No. **(401) 431-2035** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7682**

7. Brief Description of the Character of Business Conducted in Rhode Island
Architectural design, supervision and all related constructional activities

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

President Name Martin Ezeama	Vice President Name Gene Mancino
Street Address 34 Fern Street	Street Address 83 S. Rose Street
City State Zip Warwick RI 02889	City State Zip E. Providence RI 02914
Secretary Name Al Mancino	Treasurer Name Al Mancino
Street Address 83 S. Rose Street	Street Address 83 S. Rose Street
City State Zip E. Providence RI 02914	City State Zip E. Providence RI 02914

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
1,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 No Par Value

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



* 1 1 9 8 4 7 *

File Date: **FILED**
Check No.: **SEP 13 2002**
By: **CE 1585**
FOR SECRETARY OF STATE USE ONLY *li*

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.
Al Mancino **9/10/02**
Signature of Officer Date
Al Mancino
Print or Type Name of Officer
Secretary
Title of Officer
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