



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904 261  
401 222 304

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

**Filing Period: January 1 - March 1 • Filing Fee: \$50.00\*** THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* 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. 66647		2. Name of Corporation LOECKLER ASSOCIATES, INC.		
3. Street Address Principal Business Office 27 PARTRIDGE RUN		City CHARLESTOWN	State RI	Zip 02813
4. Business Phone No. 401-364-4003		5. State of Incorporation RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island  
**GENERAL CONTRACTOR, CONSTRUCTION, REPAIR REMODEL BUILDING**

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name BRUCE P. LOECKLER			Vice President Name KATHERINE B. LOECKLER		
Street Address 27 PARTRIDGE RUN			Street Address 27 PARTRIDGE RUN		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
Secretary Name KATHERINE B. LOECKLER			Treasurer Name BRUCE P. LOECKLER		
Street Address 27 PARTRIDGE RUN			Street Address 27 PARTRIDGE RUN		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813

8. 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

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		1,000	COMMON	NO PAR

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.

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.

B. Ploech 1/31/07  
Signature Date  
**BRUCE P. LOECKLER**  
Print or Type Name  
OWNER  
Title

File Date **FILED**

Check No **FEB 05 2007**

By W. A. K. B. 15088

FOR SECRETARY OF STATE USE ONLY

2007 FEB 5 11:23:38



# 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>66647</b>		2 Name of Corporation <b>LOECKLER ASSOCIATES, INC.</b>					
3 Street Address Principal Business Office <b>27 Partridge Run</b>				City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	
4 Business Phone No <b>1-401-364-4003</b>			5 State of Incorporation <b>RHODE ISLAND</b>			6 SIC Code <b>34</b>	
7 Brief Description of the Character of Business Conducted in Rhode Island <b>GENERAL CONTRACTOR, CONSTRUCTION, REPAIR REMODEL BUILDING, PUBLIC/PRIVATE WORK</b>							
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name <b>Bruce Loeckler</b>				Vice President Name <b>Katherine B. Loeckler</b>			
Street Address <b>27 Partridge Run</b>				Street Address <b>27 Partridge Run</b>			
City <b>Charlestown,</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Charlestown,</b>	State <b>RI</b>	Zip <b>02813</b>		
Secretary Name <b>Katherine B. Loeckler</b>				Treasurer Name <b>Bruce Loeckler</b>			
Street Address <b>27 Partridge Run</b>				Street Address <b>27 Partridge Run</b>			
City <b>Charlestown,</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Charlestown,</b>	State <b>RI</b>	Zip <b>02813</b>		
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name <b>Bruce Loeckler</b>				Director Name <b>Katherine B. Loeckler</b>			
Street Address <b>27 Partridge Run</b>				Street Address <b>27 Partridge Run</b>			
City <b>Charlestown,</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Charlestown,</b>	State <b>RI</b>	Zip <b>02813</b>		
Director Name <b>Jeremy Loeckler</b>				Director Name			
Street Address <b>27 Partridge Run</b>				Street Address			
City <b>Charlestown,</b>	State <b>RI</b>	Zip <b>02813</b>	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		
<b>1,000 NO PAR VALUE</b>		<b>0</b>	<b>0</b>	<b>Common</b>	<b>0</b>		

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



\* 6 6 6 4 7 \*

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

**FILED**  
**DEC 30 2003**  
 BY **DA#55**  
**015146**

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.

**Bruce P. Loeckler** 12/30/03  
 Signature of Officer Date  
**BRUCE P. LOECKLER**  
 Print or Type Name of Officer  
**Pres.**  
 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. 66647  
2. Name of Corporation LOECKLER ASSOCIATES, INC.

3. Street Address Principal Business Office 27 PARTRIDGE RUN  
City CHARLESTOWN State RI Zip 02813

4. Business Phone No. (401) 364 4003  
5. State of Incorporation RHODE ISLAND  
6. SIC Code 34

7. Brief Description of the Character of Business Conducted in Rhode Island  
General contractor; construction, repair, remodel buildings, public and private use

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

President Name Bruce P. Loeckler	Vice President Name Katherine B. Loeckler
Street Address 27 Partridge Run	Street Address 27 Partridge Run
City CHARLESTOWN State RI Zip 02813	City CHARLESTOWN State RI Zip 02813

Secretary Name Katherine B. Loeckler	Treasurer Name Bruce P. Loeckler
Street Address 27 Partridge Run	Street Address 27 Partridge Run
City Charlestown State RI Zip 02813	City Charlestown State RI Zip 02813

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

Director Name Bruce P. Loeckler	Director Name Katherine B. Loeckler
Street Address 27 Partridge Run	Street Address 27 Partridge Run
City Charlestown State RI Zip 02813	City Charlestown State RI Zip 02813

Director Name Jeremy P. Loeckler	Director Name
Street Address 3595 Post Rd., Apt. 23-301	Street Address
City Warwick State RI Zip 02886	City State Zip

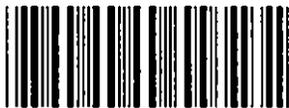
10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000	NO PAR VALUE	0

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	0	Common	0

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



\* 6 6 6 4 7 \*

File Date: 3-13-03  
13100  
Check No.:  
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] 1/29/03  
Signature of Officer Date

Bruce P. Loeckler  
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. 66647 2. Name of Corporation LOECKLER ASSOCIATES, INC.  
3. Street Address Principal Business Office \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
4. 27 Partridge Run 5. State of Incorporation Charlestown RI 6. 02813  
RHODE ISLAND  
7. 401)36A-4003 Brief Description of Business Conducted in Rhode Island

General contractor: construction, repair, remodel buildings, public/private work  
8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name \_\_\_\_\_ Vice President Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Secretary Name \_\_\_\_\_ Treasurer Name \_\_\_\_\_  
Katherine B. Loeckler \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Katherine B. Loeckler \_\_\_\_\_  
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 \_\_\_\_\_ 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 \_\_\_\_\_  
Jeremy Loeckler \_\_\_\_\_  
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  
1,000 NO PAR VALUE 0 common 0

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



\* 6 6 6 4 7 \*

File Date: 1-23-02  
Check No.: 12541  
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.  
Bruce P. Loeckler 1/20/02  
Signature of Officer Date  
Bruce P. Loeckler  
Print or Type Name of Officer  
Pres.  
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. **66647** 2. Name of Corporation **LOECKLER ASSOCIATES, INC.**  
3. Street Address Principal Business Office City State Zip  
**27 Partridge Run Charlestown RI 02813**  
4. Business Phone No. (401) 364-4003 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **540034**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**General contractor: construction, repair, remodel buildings, public/private work**

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

<b>President Name</b> Bruce Loeckler	<b>Vice President Name</b> Katherine B. Loeckler
<b>Street Address</b> 27 Partridge Run	<b>Street Address</b> 27 Partridge Run
<b>City</b> Charlestown <b>State</b> RI <b>Zip</b> 02813	<b>City</b> Charlestown <b>State</b> RI <b>Zip</b> 02813
<b>Secretary Name</b> Katherine B. Loeckler	<b>Treasurer Name</b> Bruce Loeckler
<b>Street Address</b> 27 Partridge Run	<b>Street Address</b> 27 Partridge Run
<b>City</b> Charlestown <b>State</b> RI <b>Zip</b> 02813	<b>City</b> Charlestown <b>State</b> RI <b>Zip</b> 02813

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

<b>Director Name</b> Bruce Loeckler	<b>Director Name</b> Katherine B. Loeckler
<b>Street Address</b> 27 Partridge Run	<b>Street Address</b> 27 Partridge Run
<b>City</b> Charlestown <b>State</b> RI <b>Zip</b> 02813	<b>City</b> Charlestown <b>State</b> RI <b>Zip</b> 02813
<b>Director Name</b> Jeremy Loeckler	<b>Director Name</b>
<b>Street Address</b> 27 Partridge Run	<b>Street Address</b>
<b>City</b> Charlestown <b>State</b> RI <b>Zip</b> 02813	<b>City</b> <b>State</b> <b>Zip</b>

**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  
**0 Common 0**

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



\* 6 6 6 4 7 \*

**FILED**

File Date: **FEB 28 2001**  
Check No.:  
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]** 1/22/2001  
Signature of Officer Date  
**BRUCE P. LOECKLER**  
Print or Type Name of Officer  
**Owner/Pres**  
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. **66647** 2. Name of Corporation **LOECKLER ASSOCIATES, INC.**

3. Street Address Principal Business Office **27 Partridge Run** City **Charlestown** State **RI** Zip **02813**  
 4. Business Phone No. **(401) 364-4003** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **340034**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**General contractor: construction, repair, remodel buildings, public/private work**

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

President Name <b>Bruce Loeckler</b>	Vice President Name <b>Katherine B. Loeckler</b>
Street Address <b>27 Partridge Run</b>	Street Address <b>27 Partridge Run</b>
City State Zip <b>Charlestown RI 02813</b>	City State Zip <b>Charlestown RI 02813</b>
Secretary Name <b>Katherine B. Loeckler</b>	Treasurer Name <b>Bruce Loeckler</b>
Street Address <b>27 Partridge Run</b>	Street Address <b>27 Partridge Run</b>
City State Zip <b>Charlestown RI 02813</b>	City State Zip <b>Charlestown RI 02813</b>

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

Director Name <b>Bruce Loeckler</b>	Director Name <b>Katherine B. Loeckler</b>
Street Address <b>27 Partridge Run</b>	Street Address <b>27 Partridge Run</b>
City State Zip <b>Charlestown RI 02813</b>	City State Zip <b>Charlestown RI 02813</b>
Director Name <b>Jeremy Loeckler</b>	Director Name <b></b>
Street Address <b>27 Partridge Run</b>	Street Address <b></b>
City State Zip <b>Charlestown RI 02813</b>	City State Zip <b></b>

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>1,000</b>	<b>NO</b>	<b>PAR VALUE</b>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>0</b>	<b>COMMON</b>	<b>0</b>

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



\* 6 6 6 4 7 \*

File Date: 2/28/00

Check No.: 91269237582

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.

Bruce P. Loeckler 1/6/00  
Signature of Officer Date

Bruce P. Loeckler  
Print or Type Name of Officer

PRES.  
Title of Officer



# 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. <b>66647</b>		2. Name of Corporation <b>LOECKLER ASSOCIATES, INC.</b>		
3. Street Address Principal Business Office <b>27 Partridge Run</b>		City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
4. Business Phone No. <b>(401) 364-4003</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>0034</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>General contractor: construction, repair, remodel buildings, public/private wo</b>				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>Bruce Loeckler</b>		Vice President Name <b>Katherine B. Loeckler</b>		
Street Address <b>27 Partridge Run</b>		Street Address <b>27 Partridge Run</b>		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Charlestown</b>	State <b>RI</b>
Secretary Name <b>Katherine B. Loeckler</b>		Treasurer Name <b>Bruce Loeckler</b>		
Street Address <b>27 Partridge Run</b>		Street Address <b>27 Partridge Run</b>		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Charlestown</b>	State <b>RI</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>Bruce Loeckler</b>		Director Name <b>Katherine B. Loeckler</b>		
Street Address <b>27 Partridge Run</b>		Street Address <b>27 Partridge Run</b>		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Charlestown</b>	State <b>RI</b>
Director Name <b>Jeremy Loeckler</b>		Director Name		
Street Address <b>27 Partridge Run</b>		Street Address		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City	State
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<b>1,000 NO PAR VALUE</b>	<b>Common</b>		<b>200</b>	<b>Common</b>
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>				

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



\* 6 6 6 4 7 \*

File Date: APR 06 1999

Check No.: 2403

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] 2/14/99  
Signature of Officer Date

Bruce P. Loeckler  
Print or Type Name of Officer

Pres  
Title of Officer

State of Rhode Island and Providence Plantations



Office of The Secretary of State  
 100 North Main Street  
 Providence, Rhode Island 02903-1335  
 401-277-3040

**ANNUAL REPORT**

Please Type or Print  
 File Annually - Jan. 1 - March 1  
 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: \_\_\_\_\_ Annual Report for the year: 1998 *BOJ*

Name of Corporation: Loeckler Associates, Inc.  
 Business entity organized under the laws of the State of: Rhode Island  
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( ) \_\_\_\_\_  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
27 Partridge Run  
Charlestown, RI 02813  
 Phone: (401) 364-2088

Brief statement of the character of business conducted in Rhode Island:  
Building, construction, and repair

**THE NAMES OF THE OFFICERS ARE:**

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Bruce Loeckler	27 Partridge Run	Charlestown, RI	02813
VICE PRESIDENT <i>KOL</i> Katherine Loeckler	27 Partridge Run	Charlestown, RI	02813
SECRETARY <i>KOL</i> Katherine Loeckler	27 Partridge Run	Charlestown, RI	02813
TREASURER Bruce Loeckler	27 Partridge Run	Charlestown, RI	02813

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Bruce Loeckler	27 Partridge Run	Charlestown, RI	02813
<i>KOL</i> Katherine Loeckler	27 Partridge Run	Charlestown, RI	02813

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
1000, no part		200	

Date ~~July~~ September 21, 19 ~~98~~ 98

By: Bruce P. Loeckler Pres  
 Bruce P. Loeckler  
 PRINT OR TYPE NAME OF OFFICER SIGNING President  
 TITLE OF OFFICER SIGNING

Form 31 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

**FILED**  
 DEC 01 1998  
 By: John D. 214355

State of Rhode Island and Providence Plantations



Office of The Secretary of State  
 100 North Main Street  
 Providence, Rhode Island 02903-1335  
 401-277-3040

**ANNUAL REPORT**

Please Type or Print  
 File Annually - Jan. 1 - March 1  
 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: \_\_\_\_\_ Annual Report for the year: 1997

Name of Corporation: Loeckler Associates, Inc.  
 Business entity organized under the laws of the State of: Rhode Island  
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:  
building, construction, and repair

Phone: ( ) \_\_\_\_\_  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
27 Partridge Run  
Charlestown, RI 02813  
 Phone: (401) 364-2088

**THE NAMES OF THE OFFICERS ARE:**

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Bruce Loeckler	27 Partridge Run	Charlestown, RI	02813
VICE PRESIDENT <input checked="" type="checkbox"/> Katherine Loeckler	27 Partridge Run	Charlestown, RI	02813
SECRETARY <input checked="" type="checkbox"/> Katherine Loeckler	27 Partridge Run	Charlestown, RI	02813
TREASURER Bruce Loeckler	27 Partridge Run	Charlestown, RI	02813

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Bruce Loeckler	27 Partridge Run	Charlestown, RI	02813
<input checked="" type="checkbox"/> Katherine Loeckler	27 Partridge Run	Charlestown, RI	02813

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
1000, no part		200	

Date ~~XXXX~~ July September 21, ~~95~~ 98

By: Bruce P. Loeckler - Pres  
 Bruce P. Loeckler  
 PRINT OR TYPE NAME OF OFFICER SIGNING President  
 TITLE OF OFFICER SIGNING

Form 31 1/85

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

**FILED**

DEC 01 1998

By: Jan 2 14355

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED. BPT

Corporate ID: \_\_\_\_\_ Annual Report for the year: 1998

Name of Corporation: Loeckler Associates, Inc.  
 Business entity organized under the laws of the State of: Rhode Island  
 For foreign entity, address and telephone number of principal office:  
 \_\_\_\_\_  
 \_\_\_\_\_

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( ) \_\_\_\_\_  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
27 Partridge Run  
Charlestown, RI 02813  
 Phone: (401) 364-2088

Brief statement of the character of business conducted in Rhode Island:  
Building, construction, and repair

**THE NAMES OF THE OFFICERS ARE:**

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Bruce Loeckler	27 Partridge Run	Charlestown, RI	02813
VICE PRESIDENT Katherine Loeckler	27 Partridge Run	Charlestown, RI	02813
SECRETARY Katherine Loeckler	27 Partridge Run	Charlestown, RI	02813
TREASURER Bruce Loeckler	27 Partridge Run	Charlestown, RI	02813

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Bruce Loeckler	27 Partridge Run	Charlestown, RI	02813
Katherine Loeckler	27 Partridge Run	Charlestown, RI	02813

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
1000, no part		200	

Date ~~July~~ September 21 1998

By: Bruce P. Loeckler  
 Bruce P. Loeckler  
 PRINT OR TYPE NAME OF OFFICER SIGNING President  
 TITLE OF OFFICER SIGNING

Form 31 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

**FILED**

DEC 01 1998

By: [Signature] 214355

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 66647

Annual Report for the year: 1/10/1995

Name of Corporation: Loeckler Associates, Inc  
 Business entity organized under the laws of the State of:  
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Brief statement of the character of business conducted in Rhode Island:  
Construction and renovation

27 Partridge Run  
Charlestown, RI 02813

Phone: (401) 364-4003

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
	<u>Bruce Loeckler, 27 Partridge Run, Charlestown RI 02813</u>		
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
	<u>Katherine B. Loeckler, 27 Partridge Run, Charlestown, RI 02813</u>		
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
	<u>Katherine B. Loeckler, 27 Partridge Run, Charlestown, RI 02813</u>		
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
	<u>Bruce Loeckler, 27 Partridge Run, Charlestown, RI 02813</u>		

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	<u>Bruce Loeckler, 27 Partridge Run, Charlestown, RI 02813</u>		
	<u>Katherine B. Loeckler, 27 Partridge Run, Charlestown, RI 02813</u>		

NUMBER OF SHARES AUTHORIZED (Rider may be attached)	
Number of Shares	Class / Series
<u>1,000</u>	<u>common</u>
<u>without par</u>	

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series
<u>200</u>	<u>common</u>
<u>without par</u>	

Date 1/10/95, 1995

By: Bruce P. Loeckler  
 PRINT OR TYPE NAME OF OFFICER SIGNING: BRUCE P. LOECKLER  
 TITLE OF OFFICER SIGNING: owner

Form 31 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

PAID  
 1108913  
 OCT 16 1995

SECY OF STATE

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903 1335  
401 277-3040

File Annually  
LLC: Sept. 1 - Nov. 1  
CORP: Jan. 1 - March 1

Corporate ID: 66647 Annual Report for the year: 1994

Name of Business Entity: Loeckler Associates, Inc.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number: \_\_\_\_\_

For foreign entity, address and telephone number of principal office:  
\_\_\_\_\_  
\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
27 Partridge Road RUN  
Charlestown, RI 02813

Phone (401) 364-4003

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

George A. Comolli; Esquire;

Adamo & Newman

42 Granite Street

Westerly, RI 02891

Brief statement of the character of business conducted in Rhode Island:

construction and renovation

Date of Organization: January 1, 1992

Date of Qualification to do business in Rhode Island (if foreign entity): \_\_\_\_\_

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER OR  PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

Bruce Loeckler, 27 Partridge Road, Charlestown, RI 02813

CHIEF OPERATING OFFICER OR  VICE PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

Katherine B. Loeckler, 27 Partridge Road, Charlestown, RI 02813

CUSTODIAN OF RECORDS OR  SECRETARY (Check One) STREET ADDRESS CITY/STATE ZIP CODE

Katherine B. Loeckler, 27 Partridge Road, Charlestown, RI 02813

CHIEF FINANCIAL OFFICER OR  TREASURER (Check One) STREET ADDRESS CITY/STATE ZIP CODE

Bruce Loeckler, 27 Partridge Road, Charlestown, RI 02813

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

Bruce Loeckler, 27 Partridge Road, Charlestown, RI 02813

NAME STREET ADDRESS CITY/STATE ZIP CODE

Katherine B. Loeckler, 27 Partridge Road, Charlestown, RI 02813

NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 1,000 NUMBER 200

CLASS Common CLASS Common

SERIES SERIES

PAR VALUE OR WITHOUT PAR without par PAR VALUE OR WITHOUT PAR without par

PAID

JUN 29 1995

SECY OF STATE

Date: 5/10/95 BY: Katherine B. Loeckler CH# 8517 mnc

Katherine B. Loeckler  
PRINT OR TYPE NAME OF OFFICER SIGNING

Vice President / Secretary  
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

*7/16/93*

Corporate ID 0055547 Annual Report for the year 1993

FIRST: The name of the corporation is LOECKLER ASSOCIATES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to act as a general contractor for the construction, repairing and remodeling of buildings and public works of all kinds, and for the improvement of real estate.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island P.O. Box 541, 6 Canal Street,  
Westerly, RI 02891

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Katherine B. Loeckler	Director	27 Partridge Run, Charlestown, RI 02813
Bruce Loeckler	Director	27 Partridge Run, Charlestown, RI 02813
	Director	
Bruce Loeckler	President	27 Partridge Run, Charlestown, RI 02813
Katherine B. Loeckler	Vice President	27 Partridge Run, Charlestown, RI 02813
Katherine B. Loeckler	Secretary	27 Partridge Run, Charlestown, RI 02813
Bruce Loeckler	Treasurer	27 Partridge Run, Charlestown, RI 02813

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		No par value

Dated 3/19 1993

LOECKLER ASSOCIATES, INC.  
(Name of Corporation)

By Bruce Loeckler  
Bruce Loeckler

Title President

(Report must be signed by an officer)