



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. 81948		2. Name of Corporation Allied Consulting Engineering Services, Inc.			
3. Street Address Principal Business Office 215 Boston Post Road			City Sudbury	State MA	Zip 01776
4. Business Phone No. 978 443 7888		5. State of Incorporation MASSACHUSETTS		6. SIC Code 7518	
7. Brief Description of the Character of Business Conducted in Rhode Island CONSULTING ENGINEERING AND DESIGN SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael Zimmerman			Vice President Name Kim Raymond		
Street Address 425 Brook Street			Street Address 64 Baker Road		
City Framingham	State MA	Zip 01701	City Salisbury	State MA	Zip 01952
Secretary Name			Treasurer Name Cheryl Zimmerman		
Street Address			Street Address 425 Brook Street		
City	State	Zip	City Framingham	State MA	Zip 01701
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael Zimmerman			Director Name Cheryl Zimmerman		
Street Address 425 Brook Street			Street Address 425 Brook Street		
City Framingham	State MA	Zip 01701	City Framingham	State MA	Zip 01701
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
200,000 COMM NO PAR VALUE			600	Common	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 2005 7312
By: LB
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.

Kim Raymond 2/20/05
Signature of Officer Date
Kim Raymond
Print or Type Name of Officer
EVP
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 OR PRINTED IN BLACK)

1. Corporate ID No. 81948		2. Name of Corporation Allied Consulting Engineering Services, Inc.			
3. Street Address Principal Business Office 215 Boston Post Road			City Sudbury	State MA	Zip 01776
4. Business Phone No 978 443 7888		5. State of Incorporation MA		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island Engineering					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael D. Zimmerman			Vice President Name Kim Raymond		
Street Address 425 Brook Street			Street Address 4 Baker Road		
City Framingham	State MA	Zip 01701	City Salisbury	State MA	Zip 01952
Secretary Name			Treasurer Name Cheryl Zimmerman		
Street Address			Street Address 425 Brook Street		
City	State	Zip	City Framingham	State MA	Zip 01701
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael D. Zimmerman			Director Name Cheryl Zimmerman		
Street Address (Same as above)			Street Address (Same as above)		
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
200,000	Common	0	600	Common	0

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.

Kim Raymond 10/21/04
Signature of Officer Date
Kim Raymond
Print or Type Name of Officer
Exec. Vice President
Title of Officer

FILED
File Date <u>NOV 03 2004</u>
Check No. _____
By: <u>M49109 @sb</u>
FOR SECRETARY OF STATE USE ONLY



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. 81948		2. Name of Corporation Allied Consulting Engineering Services, Inc.			
3. Street Address Principal Business Office 215 Boston Post Road			City Sudbury	State MA	Zip 01776
4. Business Phone No. 978 443 7888		5. State of Incorporation MA			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Engineering					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael D. Zimmerman			Vice President Name Kim Raymond		
Street Address 425 Brook Street			Street Address 864 Baker Road		
City Framingham	State MA	Zip 01701	City Salisbury	State MA	Zip 01952
Secretary Name			Treasurer Name Cheryl Zimmerman		
Street Address			Street Address 425 Brook Street		
City	State	Zip	City Framingham	State MA	Zip 01701
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael D. Zimmerman			Director Name Cheryl Zimmerman		
Street Address (same as above)			Street Address (same as above)		
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
200,000	Common	0	600	Common	0

RECEIVED
 NOV 3 10 03 PM '04
 SECRETARY OF STATE

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: Kim Raymond Date: 10/29/04
 Print or Type Name of Officer: Kim Raymond
 Title of Officer: Exec. Vice President

FILED

File Date: NOV 03 2004

Check No. By M49169

By: [Signature]

FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 81948		2. Name of Corporation Allied Consulting Engineering Services, Inc.			
3. Street Address Principal Business Office 215 Boston Post Road			City Sudbury	State MA	Zip 01776
4. Business Phone No. 978 443 7888		5. State of Incorporation MA			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Engineering					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael D. Zimmerman			Vice President Name Kim Raymond		
Street Address 425 Brook Street			Street Address 64 Baker Road		
City Framingham	State MA	Zip 01701	City Salisbury	State MA	Zip 01952
Secretary Name			Treasurer Name Cheryl Zimmerman		
Street Address			Street Address 425 Brook Street		
City	State	Zip	City Framingham	State MA	Zip 01701
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael D. Zimmerman			Director Name Cheryl Zimmerman		
Street Address (Same as above)			Street Address (Same as above)		
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
200,000	Common	0	600	Common	0

RECEIVED STATE SECRETARY OF STATE NOV 11 10 31 AM '04

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.

Kim Raymond 10/29/04
Signature of Officer Date
Kim Raymond
Print or Type Name of Officer
Exec. Vice President
Title of Officer

FILED

File Date NOV 03 2004

Check No. By M49109

By: CAH

FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 81948		2. Name of Corporation Allied Consulting Engineering Services Inc.			
3. Street Address Principal Business Office 215 Boston Post Road		City Sudbury	State MA	Zip 01776	
4. Business Phone No. 978 443 7888		5. State of Incorporation MA			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Design Engineering					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael D. Zimmerman			Vice President Name		
Street Address 425 Brook Street			Street Address		
City Framingham	State MA	Zip 01701	City	State	Zip
Secretary Name			Treasurer Name Cheryl Zimmerman		
Street Address			Street Address 425 Brook Street		
City	State	Zip	City Framingham	State MA	Zip 01701
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael D. Zimmerman			Director Name Cheryl Zimmerman		
Street Address (same as above)			Street Address (same as above)		
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
200,000	Common	0	600	Common	0

RECEIVED STATE
 NOV 3 11 29 AM '04

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 _____ Date 10/29/04
Michael D. Zimmerman
 Print or Type Name of Officer _____
President
 Title of Officer _____

File Date **FILED**

Check No. **NOV 03 2004**

By: **Michael D. Zimmerman**

FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 81948		2. Name of Corporation Allied Consulting Engineering Services, Inc.			
3. Street Address Principal Business Office 215 Boston Post Road			City Sudbury	State MA	Zip 01776
4. Business Phone No. 978 443 7888		5. State of Incorporation MA		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island Design Engineering					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael D. Zimmerman			Vice President Name		
Street Address 425 Brook Street			Street Address		
City Framingham	State MA	Zip 01701	City	State	Zip
Secretary Name			Treasurer Name Cheryl Zimmerman		
Street Address			Street Address 425 Brook Street		
City	State	Zip	City Framingham	State MA	Zip 01701
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael D. Zimmerman			Director Name Cheryl Zimmerman		
Street Address (Same as above)			Street Address (Same as above)		
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
200,000	Common	0	600	Common	0

RECEIVED
SECRETARY OF STATE
NOV 3 12 31 PM '04

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.

Michael D. Zimmerman 10/29/04
Signature of Officer Date
Michael D. Zimmerman
Print or Type Name of Officer
President
Title of Officer

FILED
File Date **NOV 03 2004**
Check No. **By M49109GAP**
By: **M49109GAP**
FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

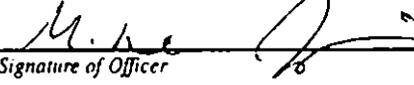
Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 81948		2. Name of Corporation Allied Consulting Engineering Services, Inc.			
3. Street Address Principal Business Office 215 Boston Post Road			City Sudbury	State MA	Zip 01776
4. Business Phone No. 978 443 7888		5. State of Incorporation MA			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Design Engineering					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael D. Zimmerman			Vice President Name		
Street Address 425 Brook Street			Street Address		
City Framingham	State MA	Zip 01701	City	State	Zip
Secretary Name			Treasurer Name Cheryl M. Zimmerman		
Street Address			Street Address 425 Brook Street		
City	State	Zip	City Framingham	State MA	Zip 01701
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael D. Zimmerman			Director Name Cheryl Zimmerman		
Street Address (same as above)			Street Address (same as above)		
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
200,000	Common	0	600	Common	0

RECEIVED
 STATE
 OF
 RHODE ISLAND
 12 03 PM '04

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 Date
12/29/04
 Michael D. Zimmerman
 Print or Type Name of Officer
 President
 Title of Officer

FILED

File Date NOV 03 2004

Check No. By M49109

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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. **81948** 2. Name of Corporation **Allied Consulting Engineering Services, Inc.**

3. Street Address Principal Business Office **76 Main Street** City **Framingham** State **MA** Zip **01702**
4. Business Phone No. **508-626-0262** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **7518**

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

Engineering Design- HVAC, Electrical, Plumbing, & Fire Protection - Consulting

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

President Name Michael D. Zimmerman	Vice President Name
Street Address 425 Brook Street	Street Address
City State Zip Framingham MA 01701	City State Zip
Secretary Name Cheryl Zimmerman	Treasurer Name Cheryl Zimmerman
Street Address 425 Brook Street	Street Address same
City State Zip Framingham MA 01701	City State Zip

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

Director Name Michael D. Zimmerman	Director Name Cheryl Zimmerman
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	Class/Series	Par Value
Number of Shares		
200,000	Common	None

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
300	Common	None

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



File Date: 1/7/98
Check No.: 2248
By: KID

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.

Cheryl Zimmerman - 1-5-98
Signature of Officer Date
Cheryl Zimmerman

Print or Type Name of Officer
Treasurer, Clerk
Title of Officer



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. 81948 2. Name of Corporation Allied Consulting Engineering Services, Inc.
3. Street Address Principal Business Office 111 Beach Street City Boston, State MA Zip 02111
4. Business Phone No. 617-357-0300 5. State of Incorporation Massachusetts 6. SIC Code 7518

7. Brief Description of the Character of Business Conducted in Rhode Island
Engineering design - HVAC, Electrical, Plumbing, & Fire Protection - Consulting.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)
President Name Michael D. Zimmerman Vice President Name
Street Address Street Address
425 Brook Street
City State Zip City State Zip
Framingham MA 01701
Secretary Name Cheryl Zimmerman Treasurer Name Cheryl Zimmerman
Street Address Street Address
same same
City State Zip City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)
Director Name Michael D. Zimmerman Director Name Cheryl Zimmerman
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			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200,000	Common	None	300	Common	\$0-None

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

File Date: 2/10/97
Check No.: 3300
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 of Officer Cheryl Zimmerman 2/10/97
Date
Cheryl M. Zimmerman
Print or Type Name of Officer
Treasurer, Clerk
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.

* Principal RI address;
46 Albert Miller

1. CORPORATE ID NO. 81948	2. NAME OF CORPORATION Allied Consulting Engineering Services, Inc.	571 Pocasset Ct Warwick, RI 02886-1713	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE * 111 Beach Street		CITY Boston	STATE MA
4. BUSINESS PHONE NO. 617-357-0300		5. STATE OF INCORPORATION MASSACHUSETTS	6. SIC CODE - Activity Code 7518

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Engineering Design - HVAC, Electrical, Plumbing & Fire Protection - Design and Consulting

8. NAMES AND ADDRESSES OF THE OFFICERS		
PRESIDENT NAME Michael D. Zimmerman	VICE PRESIDENT NAME None	
STREET ADDRESS 425 Brook St.	STREET ADDRESS	
CITY Framingham	STATE MA	ZIP CODE 01701
SECRETARY NAME Cheryl M. Zimmerman	TREASURER NAME Cheryl M. Zimmerman	
STREET ADDRESS same	STREET ADDRESS same	
CITY	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS		
DIRECTOR NAME Michael D. Zimmerman	DIRECTOR NAME Cheryl M. Zimmerman	
STREET ADDRESS same	STREET ADDRESS same	
CITY	STATE	ZIP CODE
DIRECTOR NAME None	DIRECTOR NAME None	
STREET ADDRESS	STREET ADDRESS	
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
200,000 200,000	Common	None	300	Common	\$0 - 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.

File Date:

1/18/96

Check No:

2682

By:

cc/HP

For Secretary of State Use Only

Signature of Officer

Cheryl M. Zimmerman

Print or Type Name of Officer

Cheryl M. Zimmerman

Title of Officer

Treasurer, Clerk

Date

1-11-96



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

Corporate ID: 0081948 Annual Report for the year: 1995

Name of Corporation: Allied Consulting Engineering Services, 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):
571 Pocasset Ct.
Warwick,
Phone: (401) 738-6814

Brief statement of the character of business conducted in Rhode Island:
HVAC-Consulting-and-Design
Engineering-Services

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	<u>Michael Zimmerman</u>	<u>425 Brook St. Framingham, MA</u>	<u>01701</u>
VICE PRESIDENT			
SECRETARY			
TREASURER	<u>Cheryl Zimmerman</u>	<u>425 Brook St. Framingham, MA</u>	<u>01701</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Michael & Cheryl Zimmerman</u>	<u>425 Brook St.</u>	<u>Framingham, MA</u>	<u>01701</u>
<u>Loucas & Susan Cronis</u>	<u>21 Maguire St.</u>	<u>Methuen, MA</u>	<u>01844</u>

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
<u>200,000</u>	<u>Common/ N/A</u>	<u>600</u>	<u>Common / N/A</u>

Date January 20, 19 95

By: Cheryl Zimmerman
PRINT OR TYPE NAME OF OFFICER SIGNING
TITLE OF OFFICER SIGNING Clerk

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.

ALBERT MILLER
571 POCASSET COURT
WARWICK RI 00000

PAID
APR 14 1995
KID 1865
SECY OF STATE