



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 02903-1111  
401.222.3011

# 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. 90552		2. Name of Corporation McNamara/Salvia, Inc.					
3. Street Address, Principal Business Office 160 Federal Street, 5th Floor		City Boston		State MA		Zip 02110	
4. Business Phone No. 617-737-0040		5. State of Incorporation MASSACHUSETTS				6. SIC Code 0	
7. Brief Description of the Character of Business Conducted in Rhode Island STRUCTURAL ENGINEERING.							
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS.							
President Name Robert J. McNamara				Vice President Name 			
Street Address 63 Atlantic Avenue				Street Address 			
City Boston		State MA		Zip 02110		City 	
Secretary Name Maryellen De Saro				Treasurer Name Maria Salvia			
Street Address 316 Randall Road				Street Address 20 Blueberry Hill Road			
City Berlin		State MA		Zip 01503		City Andover	
State MA		Zip 01503		State MA		Zip 01810	
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS.							
Director Name Thomas J. Satkevich				Director Name Joseph A. Salvia			
Street Address 29 Hilda Street				Street Address 20 Blueberry Hill Road			
City Quincy		State MA		Zip 02169		City Andover	
State MA		Zip 02169		State MA		Zip 01810	
Director Name Maria Salvia				Director Name Robert J. McNamara			
Street Address 20 Blueberry Hill Road				Street Address 63 Atlantic Avenue			
City Andover		State MA		Zip 01810		City Boston	
State MA		Zip 01810		State MA		Zip 02110	
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		Class/Series		Par Value	
20,000 COMM \$0.10 PAR VALUE				10,000		1,000	

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



\*90552\*

File Date	6/16/05
Check No.	18686
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.

Signature of Officer

Date

Robert J. McNamara

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. 90552		2. Name of Corporation McNamara/Salvia, Inc.			
3. Street Address Principal Business Office 160 Federal St., 16th Floor			City Boston	State MA	Zip 02110
4. Business Phone No. (617) 727-0040		5. State of Incorporation MASSACHUSETTS			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island STRUCTURAL ENGINEERING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert J. McNamara			Vice President Name Joseph A. Salvia		
Street Address 63 Atlantic Avenue			Street Address 20 Blueberry Hill Road		
City Boston	State MA	Zip 02110	City Andover	State MA	Zip 01810
Secretary Name Maryellen De Saro			Treasurer Name Maria Salvia		
Street Address 4 Randall Road			Street Address 20 Blueberry Hill Road		
City Berlin	State MA	Zip 01503	City Andover	State MA	Zip 01810
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Thomas J. Satkevich			Director Name Joseph A. Salvia		
Street Address 29 Hilda Street			Street Address 20 Blueberry Hill Road		
City Quincy	State MA	Zip	City Andover	State MA	Zip 01810
Director Name Maria Salvia			Director Name Robert J. McNamara		
Street Address 20 Blueberry Hill Road			Street Address 63 Atlantic Avenue		
City Andover	State MA	Zip 01810	City Boston	State MA	Zip 02110
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
20,000 COMM \$0.10 PAR VALUE		2,000	10,000		1,000

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



\* 9 0 5 5 2 \*

File Date	3/15/04
Check No.	17652
By:	RS.
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 Robert J. McNamara Date 3.9.04  
Print or Type Name of Officer  
President  
Title of Officer



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. 90552 2. Name of Corporation McNamara/Salvia, Inc.  
3. Street Address Principal Business Office 160 Federal Street, 16th Floor City Boston State MA Zip 02110  
4. Business Phone No. 617-727-0040 5. State of Incorporation MASSACHUSETTS 6. SIC Code 0  
7. Brief Description of the Character of Business Conducted in Rhode Island

Registered, but no business was transacted in Rhode Islane

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

President Name	Vice President Name
Robert J. McNamara	Joseph A. Salvia
Street Address	Street Address
63 Atlantic Avenue	20 Blueberry Hill Road
City State Zip	City State Zip
Boston MA 02110	Andover MA 01810
Secretary Name	Treasurer Name
Maryellen DeSaro	Maria Salvia
Street Address	Street Address
4 Randall Road	20 Blueberry Hill Road
City State Zip	City State Zip
Berlin MA 01503	Andover MA 01810

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

Director Name	Director Name
Thomas J. Satkevich	Joseph A. Salvia
Street Address	Street Address
29 Hilda Street	20 Blueberry Hill Road
City State Zip	City State Zip
Quincy MA	Andover MA 01810
Director Name	Director Name
Maria Salvia	Robert J. McNamara
Street Address	Street Address
20 Blueberry Hill Road	63 Atlantic Avenue
City State Zip	City State Zip
Andover MA 01810	Boston MA 02110

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
20,000 COMM \$0.10 PAR VALUE 2,000

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
10,000 1,000

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



\* 9 0 5 5 2 \*

File Date: 3-12-03  
Check No.: 16785  
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] Date 3/10/03  
Signature of Officer

Robert J. McNamara  
Print or Type Name of Officer

President

Title of Officer  
5



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. **90552** 2. Name of Corporation **McNamara/Salvia, Inc.**  
3. Street Address Principal Business Office **160 FEDERAL STREET 16TH FLOOR BOSTON MA 02110**  
4. Business Phone No. **(617) 727-0040** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **0**

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

REGISTERED, BUT NO BUSINESS WAS TRANSACTED IN RHODE ISLAND

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

President Name <b>Robert J. McNamara</b> Street Address <b>63 Atlantic Avenue</b> City State Zip <b>Boston MA 02110</b> Secretary Name <b>Maryellen Desaro</b> Street Address <b>4 Randall Road</b> City State Zip <b>Berlin MA 01503</b>	Vice President Name <b>Joseph A. Salvia</b> Street Address <b>20 Blueberry Hill Road</b> City State Zip <b>Andover MA 01810</b> Treasurer Name <b>Maria Salvia</b> Street Address <b>20 Blueberry Hill Road</b> City State Zip <b>Andover MA 01810</b>
--	---

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

Director Name <b>Thomas J. Satkevich</b> Street Address <b>29 Hilda Street</b> City State Zip <b>Quincy MA</b>	Director Name <b>Joseph A. Salvia</b> Street Address <b>20 Blueberry Hill Road</b> City State Zip <b>Andover MA 01810</b>
Director Name <b>Maria Salvia</b> Street Address <b>20 Blueberry Hill Road</b> City State Zip <b>Andover MA 01810</b>	Director Name <b>Robert J. McNamara</b> Street Address <b>63 Atlantic Avenue</b> City State Zip <b>Boston MA 02110</b>

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>20,000 COMM</b>	<b>\$0.10 PAR VALUE</b>	<b>2,000</b>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>10,000</b>		<b>1,000</b>

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



\* 9 0 5 5 2 \*

File Date: 3-18-02

Check No.: 16013

By: KMC

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.

Robert J. McNamara 3-14-02  
Signature of Officer Date

**Robert J. McNamara**  
Print or Type Name of Officer President

Title of Officer

5

Form 630 12/01



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. **90552** 2. Name of Corporation **McNamara/Salvia, Inc.**

3. Street Address Principal Business Office City State Zip

4. Business Phone No. 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code

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

**REGISTERED, BUT NO BUSINESS WAS TRANSACTED IN RHODE ISLAND**

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

President Name <b>Robert J. McNamara</b> Street Address <b>63 Atlantic Avenue</b> City State Zip <b>Boston MA 02110</b>	Vice President Name <b>Joseph A. Salvia</b> Street Address <b>20 Blueberry Hill Road</b> City State Zip <b>Andover MA 01810</b>
--	--

Secretary Name <b>Maryellen Desaro</b> Street Address <b>4 Randall Road</b> City State Zip <b>Berlin MA 01503</b>	Treasurer Name <b>Maria Salvia</b> Street Address <b>20 Blueberry Hill Road</b> City State Zip <b>Andover MA 01810</b>
--	---

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

Director Name <b>Thomas J. Satkevich</b> Street Address <b>29 Hilda Street</b> City State Zip <b>Quincy MA</b>	Director Name <b>Joseph A. Salvia</b> Street Address <b>20 Blueberry Hill Road</b> City State Zip <b>Andover MA 01810</b>
<b>Maria Salvia</b> Street Address <b>20 Blueberry Hill Road</b> City State Zip <b>Andover MA 01810</b>	<b>Robert J. McNamara</b> Street Address <b>63 Atlantic Avenue</b> City State Zip <b>Boston MA 02110</b>

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>20,000 COMM</b>	<b>\$0.10 PAR VALUE</b>	<b>2,000</b>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>10,000</b>		<b>1,000</b>

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



\* 9 0 5 5 2 \*

File Date: 3-16-01

Check No.: 15191

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] 3-15-01  
Signature of Officer Date

**Robert J. McNamara**

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. 90552 2. Name of Corporation McNamara & Salvia, Inc.

3. Street Address Principal Business Office

160 Federal Street

City

Boston

State

MA

Zip

02110

4. Business Phone No.

5. State of Incorporation  
MASSACHUSETTS

6. SIC Code

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

REGISTERED, BUT NO BUSINESS WAS TRANSACTED IN RHODE ISLAND

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

President Name

Robert J. McNamara

Vice President Name

Joseph A. Salvia

Street Address

63 Atlantic Avenue

Street Address

20 Blueberry Hill Road

City

Boston

State

MA

Zip

02110

City

Andover

State

MA

Zip

01810

Secretary Name

Maryellen Desaro

Treasurer Name

Maria Salvia

Street Address

4 Randall Road

Street Address

20 Blueberry Hill Road

City

Berlin

State

MA

Zip

01503

City

Andover

State

MA

Zip

01810

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

Director Name

Thomas J. Satkevich

Director Name

Joseph A. Salvia

Street Address

29 Hilda Street

Street Address

20 Blueberry Hill Road

City

Quincy

State

MA

Zip

City

Andover

State

MA

Zip

01810

Director Name

Maria Salvia

Director Name

Robert J. McNamara

Street Address

20 Blueberry Hill Road

Street Address

63 Atlantic Avenue

City

Andover

State

MA

Zip

01810

City

Boston

State

MA

Zip

02110

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

20,000 COMM \$0.10 PAR VAL

2,000

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

ISSUED SHARES

Number of Shares

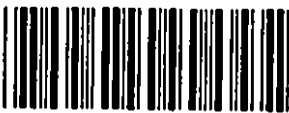
Class/Series

Par Value

10,000

1,000

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



\* 9 0 5 5 2 \*

File Date: 3/27/00

Check No.: 14370

By: KID

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.

Robert J. McNamara 3-13-00  
Signature of Officer Date

Robert J. McNamara  
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 **1999**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>90552</b>		2. Name of Corporation <b>McNamara/Salvia, Inc.</b>	
3. Street Address Principal Business Office <b>160 FEDERAL ST., 16TH FLOOR</b>		City <b>BOSTON</b>	State <b>MA</b>
4. Business Phone No. <b>(617) 737-0040</b>		5. State of Incorporation <b>MASSACHUSETTS</b>	
6. SIC Code <b>8911</b>		7. Brief Description of the Character of Business Conducted in Rhode Island <b>REGISTERED, BUT NO BUSINESS WAS TRANSACTED</b>	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>ROBERT J. MCNAMARA</b>		Vice President Name <b>JOSEPH A. SALVIA</b>	
Street Address <b>63 ATLANTIC AVENUE</b>		Street Address <b>20 BLUEBERRY HILL ROAD</b>	
City <b>BOSTON</b>	State <b>MA</b>	City <b>ANDOVER</b>	State <b>MA</b>
Zip <b>02110</b>		Zip <b>01810</b>	
Secretary Name <b>MARYELLEN DESARO</b>		Treasurer Name <b>MARIA SALVIA</b>	
Street Address <b>20 WARREN STREET</b>		Street Address <b>20 BLUEBERRY HILL ROAD</b>	
City <b>EVERETT</b>	State <b>MA</b>	City <b>ANDOVER</b>	State <b>MA</b>
Zip <b>01810</b>		Zip <b>01810</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>THOMAS J. SATKEVICH</b>		Director Name <b>JOSEPH A. SALVIA</b>	
Street Address <b>29 HILDA STREET</b>		Street Address <b>20 BLUEBERRY HILL ROAD</b>	
City <b>QUINCY</b>	State <b>MA</b>	City <b>ANDOVER</b>	State <b>MA</b>
Zip <b>01810</b>		Zip <b>01810</b>	
Director Name <b>MARIA SALVIA</b>		Director Name <b>ROBERT J. MCNAMARA</b>	
Street Address <b>20 BLUEBERRY HILL ROAD</b>		Street Address <b>63 ATLANTIC AVENUE</b>	
City <b>ANDOVER</b>	State <b>MA</b>	City <b>BOSTON</b>	State <b>MA</b>
Zip <b>01810</b>		Zip <b>02110</b>	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>20,000 COMM \$0.10 PAR VAL</b>		<b>2,000</b>	
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
<b>10,000</b>		<b>1,000</b>	

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



\* 9 0 5 5 2 \*

File Date: May 15/99

Check No.: 13493

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] 5/12/99  
Signature of Officer Date

**ROBERT J. MCNAMARA**

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.

90552

2. Name of Corporation

McNamara/Salvia, Inc.

3. Street Address Principal Business Office

160 FEDERAL ST., 16TH FLOOR

City

BOSTON

State

MA

Zip

02110

4. Business Phone No.

(617)737-0040

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

8911

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

REGISTERED, BUT NO BUSINESS WAS TRANSACTED

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

President Name

ROBERT J. MCNAMARA

Vice President Name

JOSEPH A. SALVIA

Street Address

63 ATLANTIC AVENUE

Street Address

20 BLUEBERRY HILL ROAD

City

BOSTON

State

MA

Zip

02110

City

ANDOVER

State

MA

Zip

01810

Secretary Name /CLERK

MARYELLEN DESARO

Treasurer Name

MARIA SALVIA

Street Address

20 WARREN STREET

Street Address

20 BLUEBERRY HILL ROAD

City

EVERETT

State

MA

Zip

City

ANDOVER

State

MA

Zip

01810

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

Director Name

THOMAS J. SATKEVICH

Director Name

JOSEPH A. SALVIA

Street Address

29 HILDA STREET

Street Address

20 BLUEBERRY HILL ROAD

City

QUINCY

State

MA

Zip

City

ANDOVER

State

MA

Zip

01810

Director Name

MARIA SALVIA

Director Name

ROBERT J. MCNAMARA

Street Address

20 BLUEBERRY HILL ROAD

Street Address

63 ATLANTIC AVENUE

City

ANDOVER

State

MA

Zip

01810

City

BOSTON

State

MA

Zip

02110

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

20,000 COMM \$0.10 PAR VAL

2,000

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

10,000

1,000

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



\* 9 0 5 5 2 \*

File Date:

3.17.98

Check No.:

17461

By:

1UP

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

3.16.98

ROBERT J. MCNAMARA

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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

90552

McNamara/Salvia, Inc.

3. Street Address Principal Business Office

City

State

Zip

160 FEDERAL STREET, 16TH FLOOR

BOSTON

MA

02110

4. Business Phone No.

5. State of Incorporation

617-737-0040

MASSACHUSETTS

6. SIC Code

8911

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

REGISTERED, BUT NO BUSINESS WAS TRANSACTED

Consulting Engineering

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

President Name

Vice President Name

ROBERT J. MCNAMARA

JOSEPH A. SALVIA

Street Address

Street Address

63 ATLANTIC AVENUE

20 BLUEBERRY HILL ROAD

City

State

Zip

City

State

Zip

BOSTON

MA

02110

ANDOVER

MA

01810

Secretary Name / CLERK

Treasurer Name

MARYELLEN DESARO

MARIA SALVIA

Street Address

Street Address

20 WARREN STREET

20 BLUEBERRY HILL ROAD

City

State

Zip

City

State

Zip

EVERETT

MA

ANDOVER

MA

01810

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

Director Name

Director Name

THOMAS J. SATKEVICH

JOSEPH A. SALVIA

Street Address

Street Address

29 HILDA STREET

20 BLUEBERRY HILL ROAD

City

State

Zip

City

State

Zip

QUINCY

MA

ANDOVER

MA

01810

Director Name

Director Name

MARIE C. SALVIA

ROBERT J. MCNAMARA

Street Address

Street Address

20 BLUEBERRY HILL ROAD

63 ATLANTIC AVENUE

City

State

Zip

City

State

Zip

ANDOVER

MA

01810

BOSTON

MA

02110

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

20,000 COMM \$0.10 PAR VAL

10,000

1,000

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



\* 9 0 5 5 2 \*

File Date: 6/19/97

Check No.: 11661

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] 5/7/97  
Signature of Officer Date

Robert J. McNamara

Print or Type Name of Officer

President

Title of Officer