

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

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

Corporations Division 100 North Main Stree Providence, RI 02903-133 401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

2005

1 Corporate ID No	2 Name of Corpore				
90552	McNamara/S				
3 Sirect Address Principal Bus 160 Federa	al Street, 5th	Floor	Cuy Boston	State MA	^{Zip} 02110
4. Business Phone No		5 State of Incorporati	on		G SIC Code
617-737-0	040	MASSACHUS	ETTS		0
7 Brief Description of the Char STRUCTURAL EN		in Rhode Island	·		
8. NAMES AND ADDRE	SSES OF THE OFFICE	RS: TOR'A	ITACHMENT) [FILL I	N SPACES BEFORE USI	ING ATTACHMENTS
President Name	i ser un i la de l'il deservatat l'abrille i la referènc	is en dat i dat di Tandan (Tandena) non anteriorability di anni ancient	Vice President Name	<u>گذشته فاستهای به بازی مهمیمهای هو با دا که ان مختاط </u>	Antonia i pa de la
Robert J.	McNamara				
Street Address			Street Addres		 .
63 Atlant:	ic Avenue			•	
Cur	State	Zφ	City	State	Zifi
Boston	MA	02110	ŕ		THE BED
Secretary Name			Treasurer Name		•••••••••••••••••••••••••••••••••••••••
Maryellen De Saro Maryi			Maria Salvia		
Street Address			Street Address		
316 Randa	ll Road		20 Blueberry	Hill Road	
City	State	Zιp	Cdy	State	Zip
Berlin	MA	01503	Andover	MA	01810
	SES OF THE DIRECT	ORS: ("X" BOX FOR	ATTACHMENT) FILL	IN SPACES BEFORE U	SING ATTACHMENTS
Director Name	re i venezione della Milla della	gadd an an Caif Buryesi (i Paritir naith naith a sea ta sea	Director Name	Namen (n. 12 June 1966 in 1966) and in the State of the S	in data no mandalak kalun da mandalak kaluna.
Thomas J.	Satkevich		Joseph A. Sa	lvia	
Street Address			Street Address	.	
29 Hilda S	Street		20 Blueberry	Hill Road	
Οψ	Mate	Ζφ	City	State	^{/49} 01810
Quincy	MA MA	02169	Andover	MA	01810
Director Name			Director Name		
Maria Salv	via		Robert J. Mc	Namara	
street Address			Street Address		
20 Blueber	rry Hill Road		63 Atlantic	Avenue	
ia);	State	Zφ	Cuy	Stede	Zφ
Andover	MA	01810	Boston	MA	02110
0. SHARES AUTHORIZI	ED ("X" BOX FOR A	TACHMENT) :	111 SHARES ISSUED	("X" BOX FOR ATTAC	HMENT)
AUTHORIZED SHARES	_		ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Glass/Series	Par Value
20,000 COMM \$0.10 PA	IR VALUE		10,000		1,000
This report must	be signed in ink by ci	ther the President, Vice	President, Secretary, Assist	ant Secretary, Treasurer	, Receiver or Trustee
[]					
	 	11 1 			

	90552
File Daie	8686
B)	DA AY 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

Tale of Officer

Form 630 Rev. 12/03



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 CORPO) Filing Period: January 1 - M (FORM MUST BE TYPED OR PRII	iarch I •	Filing Fee: \$50.00	KI FUR THE YE	AR20	04
1. Corporate ID No.	2. Name of Corp.	oration	 ·· ·- -		<u></u>
90552	McNamara	/Salvia, Inc.			
3. Street Address Principal Business	Office		City	State	Zíp
<u>160 Federal St., 1</u> 0	6th Floor		Boston	MA	02110
4. Business Phone No	- -	5. State of Incorporation	n		6. SIC Code
(617) 727-0040		MASSACHUSE	ETTS		0
7. Brief Description of the Character STRUCTURAL ENGINE	ERING.	ted in Rhode Island			
8. NAMES AND ADDRESSES President Name	OF THE OFFIC	CERS: ("X" BOX FOR AT	TACHMENT) FILL 18	N SPACES BEFORE USI	NG ATTACHMENTS
Robert J. McNamara			Joseph A. Sal	via	
Street Address	, <u>, , , , , , , , , , , , , , , , , , </u>		Street Address	•	-
63 Atlantic Avenue			20 Blueberry	Hill Road	
City	State	Zip	City	State	Zip
Boston MA 02110			Andover Treasurer Name	MA	01810
Maryellen De Saro			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
D. NAMES AND ADDRESSES Director Name Thomas J. Satkevic		CTORS: ("X" BOX FOR A	ATTACHMENT) FILL Director Name Joseph A. Sal	IN SPACES BEFORE US	ING ATTACHMENTS
Sirect Address 29 Hilda Street			Street Address 20 Blueberry	Hill Road	
_{City} . Quincy	State MA	Zip	<i>Cuy</i> Andover	State MA	^{Zip} 01810
Oroctor Name Maria Salvia			Director Name Robert J. McN	lamara	•••••••••••••••••••••••••••••••••••••••
Sircor Address 20 Blueberry Hill	Road _		Sireei Address 63 Atlantic A	venue	
City	State	Zίρ	City	State	Zip
Andover	MA	01810	Boston	MA	02110
O. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ISSUED SHARES	("X" BOX FOR ATTAC	HMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
20,000 COMM \$0.10 PAR V	ALUE	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

File Date 3/5	104
Check No. 176	52
Ву:	
FOR SECRETAR	LY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm including any accompanying schedules and contained herein are true and correct.	
Enklass f	3.9.04
Signature of Officer	Date
Robert J. McNamara	
Print or Type Name of Officer	
President	
Title of Officer	

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 <u>2003</u>

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

5. State of Incorporation

State

Zip

MA

02110 6. SIC Code

617-727-0040

MASSACHUSETTS

0

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

Registered, but no business was transacted in Rhode Islane FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) Vice President Name

President Name

Robert J. McNamara

Street Address

City

63 Atlantic Avenue

MA

City

Boston

20 Blueberry Hill Road

Zip

Secretary Name

02110

Andover. Treasurer Name

Street Address

Street Address

Director Name

Street Address

City

Andover

Maria Salvia

Joseph A. Salvia

20 Blueberry Hill Road

20 Blueberry Hill Road

Robert J. McNamaraa

63 Atlantic Avenue

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

Joseph A. Salvia Street Address

MA

01810...

Maryellen DeSaro

Street Address

Boston

4 Randall Road

City Berlin

MA

01503

Andover

MA

MA

MA

01810

01810

02110

210

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

Director Name

Thomas J. Satkevich

Street Address

29 Hilda Street

City Quincy State

Zip

MA

Director Name

Maria Salvia

Street Address

20 Blueberry Hill Road

20,000 COMM \$0.10 PAR VALUE

City

State

Zip

Andover

MA

01810

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value 2,000 ESSUED SHARES Number of Shares

Class/Series

State

State

Par Value

Zio

10,000

Bostonb

1,000

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



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

Print or Type Name of Officer

President

Title of Officer **₹** 5

Form 630 12/02

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Screet, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP PILASE READ INSTRUCTIONS

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FORM MUST BE TYPED IN B	LACK)				
I. Carporate ID No.	2. Name of Carp	Poration			
90552		a/Salvia, Inc.			
3. Street Address Principal Busine	ess Office		Clly	State	Zip
160 FEDERAL ST	REET	16TH FLOOR 5. State of incorporati	BOSTON	MA	02110 6. SIC Code
(617) 727–0040 T. Brief Description of the Charac		MASSACHUS ed in Rhode Island	ETTS		0
REGISTERED, BU	JT NO BUSINE		O IN RHODE ISLAND FACHMENT) FILL IN SPACES Vice President Name	S BEFORE USING ATTA	CHMENTS
Robert J, McNa	nmara		Joseph A. Salv	ia	
63 Atlantic Av	enu e		20 Blueberry H	ill Road	
City	State	Zip	City	State	Zip
Boston ecretary Name	MA	02110	Andover Treasurer Name	MA	01810
Maryellen Desa	aro		Maria Salvia Street Address		
4 Randall Road	i		20 Blueberry H	ill Road	
Зіу	State	Zip	City	State	Zip
Berlin	MA	01503	Andover	MA	01810
P. NAMES AND ADDRE Director Name Thomas J. Satl		RECTORS (*X* BOX FOR A	TTACHMENT) FILL IN SPACE Director Name Joseph A. Salv	CES BEFORE USING ATT	TACHMENTS
treet Address 29 Hilda Stree	et		Street Address 20 Blueberry H	ill Road	
City Quincy	State MA	Zip	^{City} Andover	State MA	^{Zip} 01810
Director Name Maria Salvia			Director Name Robert J. McNa	mara	
ireer Address 20 Blueberry	Hill Road		Street Address 63 Atlantic Av	enue	
City	State	ZIp	City	State	Zip
Andover	MA	01810	Boston	MA	02110
O. SHARES AUTHORIZ	ED (*x* box for a	TTACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	(T)
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
20,000 COMM \$0.10 PAI	D V/AT LIE	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



File Date:	3.18-62	
Check No.:	16013	
By:	KMC	
	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.

Date

Ex MIN

mature of Officer

Robert J. McNamara

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01

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	TYPE	D IN	BLACK)	

1. Corporate ID No.

2. Name of Corporation .

90552	McNemara/S	Salvia, Inc.			
3. Street Address Principal Business O	ffice		City	State	Zip
1. Business Phone No.		5. Sink of Incorporati	Etts		6. SIC Cიტ
Brief Description of the Character o	f Business Conducted in I	thode Island			
REGISTERED, B. NAMES AND ADDRESS resident Name	BUT NO BUS	INESS WAS T ERS ("x" box for att	RANSACTED IN RHOD ACHMENT) FILL IN SPACES B Vice President Name	E ISLAND EFORE USING ATTAC	CHMENTS
Robert J. McNama	ara		Joseph A. Sal	via	
63 Atlantic Aver	nue State	Zip	20 Blueberry	Hill Road	Zip
Boston ecretary Name	MA	02110	Andover Treasurer Name	MA	01810
Maryellen Desard Irect Address	0		Maria Salvia Street Address		
4 Randall Road	State	Zip	20 Blueberry	Hill Road	Zip
Berlin . NAMESTAND ADDRESSI Director Name	MA ES OF THE DIREC	01503 TORS ("X" BOX FOR A	Andover TTACHMENT) FILL IN SPACES Director Name	MA BEFORE USING ATTA	01810 ACHMENTS —
Thomas J. Satker	vich		Joseph A. Sal	via	
29 Hilda Street	State	Zip	20 Blueberry	Hill Road	Zip
Quincy frector Name	MA		Andover	MA	01810
Maria Salvia reet Address		pah	Robert J. McN	iamara	
20 Blueberry Hi	ll Road	Zip	63 Atlantic A	venue Siate	Zip
Andover D. Shares authorized UTHORIZED SHARES	MA (*X* BOX FOR ATTACE	01810 HMENT)	Boston 11. SHARES ISSUED (*X	MA * BOX FOR ATTACHMENT	02110
umber 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-



Check No.:

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

Print or Type Name of Officer President





James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2000 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

•••	O.	14021	DĘ	,,	FED	114
	_					

1. Corporate 190552

Name of Corporation Lvia, Inc.

3. Street Address Principal Business Office		City	State	ZIp
160 Federal Street 4. Business Phone No.	Sustant of incommentation to	Boston	MA	02110 6. SIC Code
7. Brief Description of the Character of Business Conducted in REGISTERED, BUT NO BUSI 8. NAMES AND ADDRESSES OF THE OFFICE President Name	NESS WAS TRANS	ACTED IN RHOD MENT) FILL IN SPACE Vice President Name	E ISLAND S BEFORE USING ATTAC	CHMENTS
Robert J. McNamara Street Address 63 Atlantic Avenue		Street Address	. Salvia erry Hill Road	i.
Boston MA	02110	City Andover	State MA	zip 01810
Secretary Name Maryellen Desaro Street Address 4 Randall Road City Berlin MA	^{Zip} 01503	Andover	lvia erry Hill Road ^{State} MA	3 21p 01810
9. NAMES AND ADDRESSES OF THE DIRECTOR Name Thomas J. Satkevich Street Address	CTORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACE Director Name JOSEPH A Street Address	ces before using att Salvia	ACHMENTS · -
29 Hilda Street City State Quincy MA Director Name	Zip 		erry Hill Road State MA	l z _{ip} 01810
Maria Salvia Street Address 20 Blueberry Hill Road		Robert J	. McNamara tic Avenue	
Andover State MA	01810	Boston	State MA	^{Zip} 02110
10. SHARES AUTHORIZED ("X" BOX FOR ATTAC AUTHORIZED SHARES	CHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT	')
Number of Shares Class/Series 20,000 COMM \$0.10 PAR VAL	Par Value	Number of Shares	Class/Sertes	Par Value
, , , , , , , , , , ,	2,000	10,000		1,000
his report must be signed in ink by eithe				

President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	3)27/00	
Check No.:	14370	
Ву:	VID.	
FOR SECRETARY OF S	TATE 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

Print or Type Name of Officer

President

Title of Officer

Signature of Officer





James R. Langevin, Sccretary 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

STOP PLIANE RIAD INSTRUCTIONS

(FORM MUST BE TYPED IN E	BLACK)				
1. Corporate ID No.	2. Name of Corpor		· •••	—— ———————————————————————————————————	
90552	McNamara/	Salvia, inc.			
3. Street Address Principal Busin			City	State	Zip
160 FEDERAL S	ST.;,16TH FI	5. State of incorporation		, MA	02110 6. SIC Code
(617) 737-004 7. Brief Description of the Chara		MASSACHUS In Rhode Island	ETTS		. 8911
REGISTERED, E 8. NAMES AND ADDRI President Name	BUT NO BUSINESSES OF THE OFF	IESS WAS TRANS ICERS (*x* box for atta	CHMENT) FILL IN SPAC	CES BEFORE USING ATTAC	HMENTS
ROBERT J. MCN Street Address	IAMARA		Vice President Name JOSEPH A. S Street Address	SALVIA	
63 ATLANTIC A	VENUE State	Zip	20 BLUEBERF	RY HILL ROAD	· T'Zip · ·
BOSTON Secretary Name CLERK	МА	02110	ANDOVER Treasurer Name	MA	. 01810
MARYELLEN DES	ARO .		MARIA SALVI	:A	
20 WARREN STR	EET	• • • • • • • • • • • • • • • • • • •	20 BLUEBERR	RY HILL ROAD	
EVERETT	State MA	Zip	ANDOVER	State MA	01810
9. NAMES AND ADDRE	ESSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) :FILL IN SPA	ACES BEFORE USING ATTA	CHMENTS
THOMAS J. SAT	KEVICH	·	JOSEPH A. S	ALVIA .	·
29 HILDA STRE	· ·		20 BLUEBERR	Y HILL ROAD	
City	State	Zip	City	State	Zip
QUINCY Director Name	MA		ANDOVER	MA	01810
MARIA SALVIA Street Address			ROBERT J. M	CNAMARA	
20 BLUEBERRY	HILL ROAD		. Street Address 63 ATLANTIC	AVENUE	
ANDOVER	State MA	^{21p} 01810	BOSTON	State MA	02110
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED (*X* BOX FOR ATT)	ACHMENT)	11. SHARES ISSUET	(*X* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
20,000 COMM \$0.10	PAR VAL	2,000	10,000		1,000
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This course is a					· ———————
inis report must be sig	ned in ink by eith	er the President, Vice	President, Secretary, A	ssistant Secretary, Treasur	rer, Receiver or Trustec
	1 1877 26181 81181 81118 11	fi (12)			
	- (-:)				

	* 9 0 5 5 2 *
File Date:	May 15,99
Check No.:	13493
Ву:	90
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

Print or Type Name of Officer

PRESIDENT



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)

I.	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

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

Street Address

63 ATLANTIC AVENUE

BOSTON

02110 MA

Vice President Name JOSEPH A. SALVIA

JOSEPH A. SALVIA

ROBERT J. MCNAMARA

63 ATLANTIC AVENUE

20 BLUEBERRY HILL ROAD

Street Address

20 BLUEBERRY HILL ROAD

ANDOVER Treasurer Name

MA

01810

Secretary Name / CLERK

MARYELLEN DESARO

Street Address 20 WARREN STREET

EVERETT

MA

MARIA SALVIA

^{CII}ANDOVER

Director Name

Street Address

Director Name

Street Address

ANDOVER

City

Street Address BLUEBERRY HILL ROAD

State

MA.

MA

01810

01810

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

Director Name

THOMAS J. SATKEVICH

Street Address

29 HILDA STREET

QUINCY

Director Name

MARIA SALVIA

Street Address

20 BLUEBERRY HILL ROAD

MA

Zip 01810

Zip

ANDOVER MA

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

Number of Shares

Class/Serles

Par Value

State MA

02110

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

20,000 COMM \$0.10 PAR VAL

2,000

10,000

BOSTON

1,000

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



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 Print or Type Name of Officer

PRESIDENT



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)

I. Corporate ID No. 90552

2. Name of Corporation



90552 3. Street Address Principal Business	MCNamara Office	a/Salvia, Inc.	City	State	Zip
160 FEDERAL ST 4. Business Phone No.	REET, 16TH F	LOOR 5. State of Incorporation	BOSTON	MA	02110 6. SIC Code
617-737-0040 7. Brief Description of the Character	of Business Conducted i	MASSACHUS	ETTS		8911
REGISTERED, BU 8. NAMES AND ADDRES President Name		S WAS TRANSACTED CERS ("X" BOX FOR ATTAC		ing Engineering	
ROBERT J. MCNA	MARA		JOSEPH A. SALV	'IA	
63 ATLANTIC AV	ENUE		20 BLUEBERRY H	IILL ROAD	
City	State	Zip	City	State	ZIp
BOSTON : 'A Secretary Name / CLERK	MA	02110	ANDOVER Deasurer Name	, MA,	01810
MARYELLEN DESA	RO.		MARIA SALVIA		
20 WARREN STRE	FT		20 BLUEBERRY H	ITI.I. ROAD	
City	State	Zip	City	State	Zip
EVERETT	MA		ANDOVER	MA	01810
9. NAMES AND ADDRES. Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR ATT	ACHMENT) Director Name		e
THOMAS J. SATK	EVICH		JOSEPH A. SALV	/IA	÷·
29 HILDA STREE	т		20 BLUEBERRY H	HILL ROAD	
City	State	Zip	City	State	Zip
QUINCY Director Name	MA		ANDOVER Director Name	MA	01810
MARIE C. SALVI	A		ROBERT J. MCNA	MARA	
20 BLUEBERRY H	TII ROAD		63 ATLANTIC AV	/FNIIF	
City	State	Zip	City	State	Zip
ANDOVER	MA	01810	BOSTON	MA	02110
10. SHARES AUTHORIZE					* *
AUTHORIZED SHARES			SSUTD SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
20,000 COMM \$0.10	PAR VAI		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.:	1166
Ву:	LID .
FOR SECRETAR	Y 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-stagements contained herein are true and correct.

Signature of Officer

Robert J. McNamara

Print or Type Name of Officer President