



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 1091352		2. Name of Corporation LESSARD ENVIRONMENTAL, INC			
3. Street Address Principal Business Office 1900 MINERAL SPRING AVE, 9/10			City N. PROVIDENCE	State RI	Zip 02904
4. Business Phone No. 401-353-7006		5. State of Incorporation MA		6. SIC Code 1799/8995	
7. Brief Description of the Character of Business Conducted in Rhode Island ENVIRONMENTAL CONSULTING					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LAWRENCE H. LESSARD			Vice President Name SAME		
Street Address 45 BAYVIEW RD			Street Address		
City MARBLEHEAD	State MA	Zip 01945	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name LAWRENCE H. LESSARD			Director Name		
Street Address 45 BAYVIEW RD			Street Address		
City MARBLEHEAD	State MA	Zip 01945	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
300,000	CNP	0	1,000	CNP	0.00

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

File Date 8/18/05
Check No. 7745
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] 8-15-05
Signature of Officer Date
LAWRENCE H LESSARD
Print or Type Name of Officer
PRESIDENT
Title of Officer

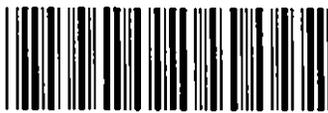


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

1. Corporate ID No. 109352		2. Name of Corporation LESSARD ENVIRONMENTAL, INC.			
3. Street Address Principal Business Office 46R PRINCE ST			City DANVERS	State MA	Zip 01923
4. Business Phone No. 978-532-5100		5. State of Incorporation MASSACHUSETTS		6. SIC Code 7880	
7. Brief Description of the Character of Business Conducted in Rhode Island ENVIRONMENTAL SAMPLING, ASSESSMENT AND ANALYSIS, GENERAL AND ENVIRONMENTAL CONSULTING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LAWRENCE LESSARD			Vice President Name LAWRENCE LESSARD		
Street Address 45 BAYVIEW RD			Street Address 45 BAYVIEW RD		
City MARBLEHEAD	State MA	Zip 01945	City MARBLEHEAD	State MA	Zip 01945
Secretary Name LAWRENCE LESSARD			Treasurer Name LAWRENCE LESSARD		
Street Address 45 BAYVIEW RD			Street Address 45 BAYVIEW RD		
City MARBLEHEAD	State MA	Zip 01945	City MARBLEHEAD	State MA	Zip 01945
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name LAWRENCE LESSARD			Director Name		
Street Address 45 BAYVIEW RD			Street Address		
City MARBLEHEAD	State MA	Zip 01945	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	COMM	NO PAR VALUE	1000	COMMON	NO PAR

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



* 1 0 9 3 5 2 *

File Date 3/15/04
Check No. 5963
By: LS
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature]
Signature of Officer _____ Date _____
Lawrence H. Lessard
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **109352** 2. Name of Corporation **LESSARD ENVIRONMENTAL, INC.**
3. Street Address Principal Business Office **46R PRINCE ST** City **DANVERS** State **MA** Zip **01923**
4. Business Phone No. **978-532-5100** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **7880**
7. Brief Description of the Character of Business Conducted in Rhode Island
ENVIRONMENTAL CONTRACTOR

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

President Name LAWRENCE LESSARD Street Address 45 BAYVIEW RD City MARBLEHEAD State MA Zip 01945	Vice President Name LAWRENCE LESSARD Street Address 45 BAYVIEW RD City MARBLEHEAD State MA Zip 01945
Secretary Name LAWRENCE LESSARD Street Address 45 BAYVIEW RD City MARBLEHEAD State MA Zip 01945	Treasurer Name LAWRENCE LESSARD Street Address 45 BAYVIEW RD City MARBLEHEAD State MA Zip 01945

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

Director Name LAWRENCE LESSARD Street Address 45 BAYVIEW RD City MARBLEHEAD State MA Zip 01945	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	200,000	COMM	NO PAR VALUE

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1000	COMMON	NO PAR

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



* 1 0 9 3 5 2 *

File Date: 3-17-03

Check No.: 4652

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] 3/14/03
Signature of Officer Date

Lawrence H. Lessard
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. 109352
2. Name of Corporation LESSARD ENVIRONMENTAL, INC.
3. Street Address Principal Business Office 46R PRINCE STREET
4. Business Phone No. 978-532-5100
5. State of Incorporation MASSACHUSETTS
City DANVERS State MA Zip 01923
6. SIC Code 7286

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

ENVIRONMENTAL CONTRACTOR

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

President Name LAWRENCE LESSARD	Vice President Name LAWRENCE LESSARD
Street Address 45 BAYVIEW RD	Street Address 45 BAYVIEW RD
City MARBLEHEAD State MA Zip 01945	City MARBLEHEAD State MA Zip 01945
Secretary Name LAWRENCE LESSARD	Treasurer Name LAWRENCE LESSARD
Street Address 45 BAYVIEW RD	Street Address 45 BAYVIEW RD
City MARBLEHEAD State MA Zip 01945	City MARBLEHEAD State MA Zip 01945

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

Director Name LAWRENCE LESSARD	Director Name
Street Address 45 BAYVIEW RD	Street Address
City MARBLEHEAD State MA Zip 01945	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
200,000	COMM	NO PAR VALUE

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

ISSUED SHARES	Class/Series	Par Value
1000	COMMON	NO PAR

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: 8/14/02
Check No.: 3060
By: [Signature]

Signature of Officer: [Signature] Date: 8/15/02
Print or Type Name of Officer: Lawrence H. Lessard
Title of Officer: President



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. 109352 2. Name of Corporation LESSARD ENVIRONMENTAL, INC.
3. Street Address Principal Business Office 46R PRINCE STREET City DANVERS State MA Zip 01923
4. Business Phone No. 978-777-2300 5. State of Incorporation MA 6. SIC Code 8888

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

ENVIRONMENTAL CONTRACTOR

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

President Name <u>LAWRENCE H. LESSARD</u> Street Address <u>9 FOSS TERRACE</u> City <u>MARBLEHEAD</u> State <u>MA</u> Zip <u>01945</u>	Vice President Name <u>N/A</u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>
Secretary Name <u>LAWRENCE H. LESSARD</u> Street Address <u>9 FOSS TERRACE</u> City <u>MARBLEHEAD</u> State <u>MA</u> Zip <u>01945</u>	Treasurer Name <u>LAWRENCE H. LESSARD</u> Street Address <u>9 FOSS TERRACE</u> City <u>MARBLEHEAD</u> State <u>MA</u> Zip <u>01945</u>

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

Director Name <u>SAME AS ABOVE</u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>	Director Name <u></u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>
Director Name <u></u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>	Director Name <u></u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>

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

AUTHORIZED SHARES	Class/Series	Par Value
200000	COMMON	0

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

ISSUED SHARES	Class/Series	Par Value
1000	COMMON	0

RECEIVED
 AUG 23 9 32 AM '01
 SECRETARY OF STATE

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

FILED

File Date: AUG 23 2001

Check No.: By SC 80

By: 269684

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] 3/6/01
Signature of Officer Date

LAWRENCE H. LESSARD
Print or Type Name of Officer

PRESIDENT
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. 109352 2. Name of Corporation LESSARD ENVIRONMENTAL, INC.
~~06-3706396~~
3. Street Address Principal Business Office 46R PRINCE STREET City DANVERS State MA Zip 01923
4. Business Phone No. 978-777-2300 5. State of Incorporation MA 6. SIC Code

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

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

President Name <u>LAWRENCE H. LESSARD</u> Street Address <u>9 FOSS TERRACE</u> City <u>MARBLEHEAD</u> State <u>MA</u> Zip <u>01945</u>	Vice President Name <u>N/A</u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>
Secretary Name <u>LAWRENCE H. LESSARD</u> Street Address <u>9 FOSS TERRACE</u> City <u>MARBLEHEAD</u> State <u>MA</u> Zip <u>01945</u>	Treasurer Name <u>LAWRENCE H. LESSARD</u> Street Address <u>9 FOSS TERRACE</u> City <u>MARBLEHEAD</u> State <u>MA</u> Zip <u>01945</u>

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

Director Name <u>SAME AS ABOVE</u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>	Director Name <u></u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	200000	COMMON	0

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1000	COMMON	0

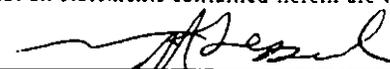
RECEIVED
CORPORATIONS DIVISION
AUG 23 9 32 AM '01

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

FILED

File Date: AUG 23 2001
Check No.: By SC 80
269084
By: _____

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 8/23/00
Signature of Officer
LAWRENCE H. LESSARD
Print or Type Name of Officer
PRESIDENT
Title of Officer