



**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. 129155		2. Name of Corporation SME, INC.			
3. Street Address Principal Business Office 128 Dorrance Street, Suite 530			City Providence	State RI	Zip 02903
4. Business Phone No. 401 421-8908		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A SALVAGE AND JUNKYARD BUSINESS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephen M. Macera			Vice President Name none		
Street Address 600 Carrs Pond Road			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Harold I. Kessler			Treasurer Name Stephen M. Macera		
Street Address 15 Hamden Road			Street Address (same)		
City Cranston	State RI	Zip 02920	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 NO DIRECTORS			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
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
1,000	NO PAR VALUE		100		No Par Value

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



File Date: 4/6/05  
Check No.: 1571  
By: W.  
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: Stephen M. Macera Date: 3/29/05  
STEPHEN M. MACERA  
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

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections: 1. Corporate ID No. (129155), 2. Name of Corporation (SME, INC.), 3. Street Address (128 Dorrance Street, Suite 530), 4. Business Phone No., 5. State of Incorporation (RHODE ISLAND), 6. SIC Code, 7. Brief Description of the Character of Business (TO OPERATE A SALVAGE AND JUNKYARD BUSINESS), 8. NAMES AND ADDRESSES OF THE OFFICERS (Stephen M. Macera, Vice President: none), 9. NAMES AND ADDRESSES OF THE DIRECTORS (No Directors), 10. SHARES AUTHORIZED (1,000 NO PAR VALUE), 11. SHARES ISSUED (100 No Par Value).

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



\* 1 2 9 1 5 5 \*

File Date: 3.12.04
Check No.: 1273
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 of Officer: Stephen M. Macera, Date: 2/20/04
Print or Type Name of Officer: Stephen M. Macera
Title of Officer: President