



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. 99056		2. Name of Corporation Biermann Services, Inc.			
3. Street Address Principal Business Office 77 FULLER ROAD			City CITICOPEN	State MA	Zip 01020
4. Business Phone No. 413-592-7725		5. State of Incorporation MASSACHUSETTS			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island OPERATION IN ELECTRICAL AND PETROLEUM INDUSTRY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name WILLIAM D. BIERMANN			Vice President Name SAME		
Street Address 749 SPRINGFIELD ROAD			Street Address SAME		
City SOMERS	State CT	Zip 06071	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address SAME			Street Address SAME		
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 WILLIAM D. BIERMANN			Director Name		
Street Address 749 SPRINGFIELD ROAD			Street Address		
City SOMERS	State CT	Zip 06071	City	State	Zip
Director Name KATHY LA MONDRA-WRINKLE			Director Name		
Street Address 175 STATE STREET			Street Address		
City SPRINGFIELD	State MA	Zip 01014	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
15,000 COMM NO PAR VALUE			50	COMMON	NONE

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



99056

FILED

File Date MAR 17 2005

Check No. By [Signature]

By: _____

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] 3/14/05
Signature of Officer Date

William D. Biermann
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

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1. Corporate ID No. 99056		2. Name of Corporation Biermann Services, Inc.			
3. Street Address Principal Business Office 77 FULLER ROAD			City CHILMARK	State MA	Zip 01020
4. Business Phone No. 413-592-7725		5. State of Incorporation MASSACHUSETTS			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island OPERATION IN ELECTRICAL AND PETROLEUM INDUSTRY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name WILLIAM D. BIERMANN			Vice President Name SAME		
Street Address 749 SPRINGFIELD RD			Street Address SAME		
City SOMERS	State CT	Zip 06071	City	State	Zip
Secretary Name SAME AS ABOVE			Treasurer Name SAME		
Street Address SAME AS ABOVE			Street Address SAME		
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 WILLIAM D. BIERMANN			Director Name		
Street Address 749 SPRINGFIELD RD			Street Address		
City SOMERS	State CT	Zip 06071	City	State	Zip
Director Name KATHY LAMONDIA - WRINKLE			Director Name		
Street Address 175 STATE ST			Street Address		
City SPRINGFIELD	State MA	Zip 01014	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
15,000 COMM NO PAR VALUE			50	COMMON	NONE

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



* 9 9 0 5 6 *

File Date 3/15/04
Check No. 29064
By: US
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.

William D. Biermann 03-10-04
Signature of Officer Date
William D. Biermann
Print or Type Name of Officer
Pres
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. **99056** 2. Name of Corporation **Biermann Services, Inc.**
3. Street Address Principal Business Office **77 Fuller Rd** City **Chicopee** State **MA** Zip **01020**
4. Business Phone No. **413-592-7725** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
Sales and service of petroleum related equipment

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

President Name William D. Biermann	Vice President Name
Street Address 749 Springfield Rd	Street Address
City Somers State CT Zip 06071	City State Zip
Secretary Name Katherine LaMondia-Wrinkle	Treasurer Name
Street Address 175 State St	Street Address
City Springfield State MA Zip 01103	City State Zip

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

Director Name Katherine LaMondia-Wrinkle	Director Name
Street Address 175 State St	Street Address
City Springfield State MA Zip 01103	City State Zip
Director Name William D. Biermann	Director Name
Street Address 749 Springfield Rd	Street Address
City Somers State CT Zip 06071	City State Zip

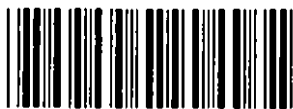
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
15,000 COMM NO PAR VALUE		NONE

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

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

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



* 9 9 0 5 6 *

File Date: **6.9.03**
Check No.: **27128**
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 **William D. Biermann** Date **1/21/23**
Print or Type Name of Officer **William D. Biermann**
Title of Officer **President**



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. **99056** 2. Name of Corporation **BIERMANN [REDACTED] SERVICES, INC.**
3. Street Address Principal Business Office **77 Fuller Road** City **Chicopee** State **MA** Zip **01020**
4. Business Phone No. **(413) 592-7725** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
Sales and service of petroleum related equipment

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

President Name William D. Biermann Street Address 749 Springfield Road City Somers State CT Zip 06071	Vice President Name SAME Street Address SAME City _____ State _____ Zip _____
Secretary Name SAME Street Address SAME City _____ State _____ Zip _____	Treasurer Name SAME Street Address SAME City _____ State _____ Zip _____

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

Director Name William D. Biermann Street Address 749 Springfield Road City Somers State CT Zip 06071	Director Name SAME Street Address SAME City _____ State _____ Zip _____
Director Name Kathy LaMondia-Wrinkie Street Address 175 State Street City Springfield State MA Zip 01103	Director Name SAME Street Address SAME City _____ State _____ Zip _____

APR 29 10 57 AM '02
STATE

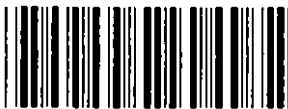
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
15,000 COMM NO PAR VALUE		None

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

Number of Shares	Class/Series	Par Value
50	Common	None

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



* 9 9 0 5 6 *

FILED

File Date: APR 29 2002

Check No. 277167

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.

William D Biermann 3/14/02
Signature of Officer Date

William D Biermann
Print or Type Name of Officer

President
Title of Officer



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. **99056** 2. Name of Corporation **BIERMANN ~~PLANTATIONS~~ SERVICES, INC.**
3. Street Address Principal Business Office **77 Fuller Road** City **Chicopee** State **MA** Zip **01020**
4. Business Phone No. **(413) 592-7725** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
Sales & Service of petroleum equipment

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

President Name William D. Biermann	Vice President Name SAME
Street Address 749 Springfield Road	Street Address SAME
City State Zip Somers CT 06071	City State Zip SAME
Secretary Name SAME	Treasurer Name SAME
Street Address SAME	Street Address SAME
City State Zip Somers CT 06071	City State Zip SAME

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

Director Name William D. Biermann	Director Name SAME
Street Address 749 Springfield Road	Street Address SAME
City State Zip Somers CT 06071	City State Zip SAME
Director Name Kathy LaMondia-Wrinkie	Director Name SAME
Street Address 175 State Street	Street Address SAME
City State Zip Springfield MA 01103	City State Zip SAME

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	15,000 COMM NO PAR VALUE		None

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

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

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



File Date: 5-10-01
Check No.: 24507
By: 2
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: William D Biermann Date: 03-14-2001
Print or Type Name of Officer: William D Biermann
Title of Officer: Pres

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. **99056** 2. Name of Corporation **BIERMANN ELECTRICAL & PETROLEUM SERVICES, INC.**
3. Street Address Principal Business Office **77 Fuller Rd** City **Chicopee** State **MA** Zip **01020**
4. Business Phone No. **413-592-7725** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Sales and service of Petroleum related equipment
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **William D Biermann** Vice President Name
Street Address **749 Springfield Rd** Street Address
City **Somers** State **Ct** Zip **06071** City State Zip
Secretary Name **Kathy LaMondia-Wrinkle** Treasurer Name
Street Address **175 Stato St** Street Address
City **Springfield** State **MA** Zip **01103** City State Zip

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

Director Name **William D. Biermann** Director Name
Street Address **749 Springfield Rd** Street Address
City **Somers** State **Ct** Zip **06071** City State Zip
Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
15,000 COMM NO PAR VALUE	50 COMM 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.

William D. Biermann 2/29/00
Signature of Officer Date
William D. Biermann
Print or Type Name of Officer
President
Title of Officer

File Date: **FILED**
Check No.: **MAR 03 2000**
By: **CE 22493**
FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 99

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID 043-21820 2. Name of Corporation Biermann Electrical & Petroleum Services Inc
 3. Street Address Principal Business Office 77 Fuller Rd City Chicopee State MA Zip 01020
 4. Business Phone No. (413) 592-7725 5. State of Incorporation MASSACHUSETTS 6. SIC Code 01020
 7. Brief Description of the Character of Business Conducted in Rhode Island

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

President Name <u>William D. Biermann</u>	Vice President Name
Street Address <u>749 Springfield Rd</u>	Street Address
City <u>Somers</u> State <u>Ct</u> Zip <u>06071</u>	City State Zip
Secretary Name <u>Katherine LaMondia-Wrinkle</u>	Treasurer Name
Street Address <u>175 State St</u>	Street Address
City <u>Springfield</u> State <u>MA</u> Zip <u>01103</u>	City State Zip

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

Director Name <u>Katherine LaMondia-Wrinkle</u>	Director Name
Street Address <u>175 State St</u>	Street Address
City <u>Springfield</u> State <u>MA</u> Zip <u>01103</u>	City State Zip
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		
<u>15000</u>	<u>COMMON</u>	<u>0</u>

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<u>15000</u>	<u>COMMON</u>	<u>0</u>

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

File Date: 4/19/99

Check No.: 22047

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

William D Biermann
Print or Type Name of Officer

President
Title of Officer