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 2005

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
131257	Sansoucy-Cheng Associates, Inc.			
3. Street Address Principal Business Office		City	State	Zip
58 Hilltop Ave.		Providence	RI	02908
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401.274.5547	Rhode Island			7518

7. Brief Description of the Character of Business Conducted in Rhode Island
To provide architectural and engineering design services

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

President Name			Vice President Name		
Donald Sansoucy			None		
Street Address			Street Address		
60 Hilltop Ave.					
City	State	Zip	City	State	Zip
Providence	RI	02908			
Secretary Name			Treasurer Name		
None			Huang-Cheng Sansoucy		
Street Address			Street Address		
			60 Hilltop Ave.		
City	State	Zip	City	State	Zip
			Providence	RI	02908

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

Director Name			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)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1000		0	None		

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

[redacted] 131257 [redacted]

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.

Donald Sansoucy 3-1-05
Signature of Officer *Date*

Donald Sansoucy
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

File Date 5/31/05
Check No. 224
By: DA
FOR SECRETARY OF STATE USE ONLY

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	2. Name of Corporation
131257	SANSOUCY-CHENG ASSOCIATES, INC.

3. Street Address Principal Business Office	City	State	Zip
58 HILLTOP AVE.	PROVIDENCE	RI	02908

4. Business Phone No	5. State of Incorporation	6. SIC Code
401-274-5547	RHODE ISLAND	7518

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE ARCHITECTURAL AND ENGINEERING DESIGN SERVICES

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

President Name	Vice President Name
DONALD SANSOUCY	NONE
Street Address: 60 HILLTOP AVE.	Street Address:
City: PROVIDENCE State: RI Zip: 02908	City: State: Zip:
Secretary Name: NONE	Treasurer Name: HUANG-CHENG SANSOUCY
Street Address:	Street Address: 60 HILLTOP AVE.
City: State: Zip:	City: PROVIDENCE State: RI Zip: 02908

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

Director Name	Director Name
NONE	
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)* ☐ **11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000 NO PAR VALUE			NONE		

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

[redacted]

*131257

File Date RECEIVED
Check No. AUG 18 2004
By: BY
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Donald Sansoucy — 8-16-04
Signature of Officer — *Date*

DONALD SANSOUCY
Print or Type Name of Officer

PRESIDENT
Title of Officer

[redacted]

Form 630 Rev. 12/03