



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. 160		2. Name of Corporation A & M Compressed Air Products, Inc.			
3. Street Address Principal Business Office 40 INDUSTRIAL DRIVE			City UXBRIDGE	State MA	Zip 01569-
4. Business Phone No. 5082786500		5. State of Incorporation RHODE ISLAND		6. SIC Code 7880	
7. Brief Description of the Character of Business Conducted in Rhode Island SALES AND SERVICE OF INDUSTRIAL EQUIPMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John O. Normandin			Vice President Name None		
Street Address 294 Lake Shore Drive			Street Address		
City Bellingham	State MA	Zip 02019	City	State	Zip
Secretary Name Jason E. Normandin			Treasurer Name Kyle Normandin		
Street Address 177 Lake Shore Drive			Street Address 294 Lake Shore Drive		
City Blackstone	State MA	Zip 01504	City Bellingham	State MA	Zip 02019
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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
8,000	\$1.00 PAR VALUE		100	Common	\$1.00

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



1 6 0

\*160 DBC 12/27/04 06:03:45 PM\*

File Date 2/24/05

Check No. 44748

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.

John O. Normandin 12/30/04  
Signature of Officer Date  
JOHN O. NORMANDIN  
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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 160		2. Name of Corporation A & M Compressed Air Products, Inc.			
3. Street Address Principal Business Office 40 INDUSTRIAL DRIVE			City UXBRIDGE	State MA	Zip 01569-
4. Business Phone No. 5082786500		5. State of Incorporation RHODE ISLAND		6. SIC Code 7880	
7. Brief Description of the Character of Business Conducted in Rhode Island SALES AND SERVICE OF INDUSTRIAL EQUIPMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John O. Normandin			Vice President Name None		
Street Address 294 Lake Shore Drive			Street Address .		
City Bellingham	State MA	Zip 02019	City .	State .	Zip .
Secretary Name Jason E. Normandin			Treasurer Name Kyle Normandin		
Street Address 177 Lake Shore Drive			Street Address 294 Lake Shore Drive		
City Blackstone	State MA	Zip 01504	City Bellingham	State MA	Zip 02019
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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
8,000	\$1.00 PAR VALUE		100	Common	\$1.00

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



1 6 0

\*160 DBC 01/05/04 03:34:20 PM\*

File Date 1-13-04

Check No. 42102

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] 1/9/04  
Signature of Officer Date  
JOHN O. NORMANDIN  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



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

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 2003**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *160*		2. Name of Corporation A & M Compressed Air Products, Inc.			
3. Street Address Principal Business Office 40 INDUSTRIAL DRIVE			City UXBRIDGE	State MA	Zip 01569-
4. Business Phone No. 5082786500		5. State of Incorporation RHODE ISLAND			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island SALES AND SERVICE OF INDUSTRIAL EQUIPMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John O. Normandin			Vice President Name None		
Street Address 294 Lake Shore Drive			Street Address .		
City Bellingham	State MA	Zip 02019	City .	State .	Zip .
Secretary Name Jason E. Normandin			Treasurer Name Kyle Normandin		
Street Address 177 Lake Shore Drive			Street Address 294 Lake Shore Drive		
City Blackstone	State MA	Zip 01504	City Bellingham	State MA	Zip 02019
9. NAMES AND ADDRESSES OF THE DIRECTORS ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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 ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 PAR VALUE		100	Common	\$1.00

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



\* 1 6 0 \*

\*160 DBC1/9/034:45:37 PM\*

File Date 1-21-03

Check No. 39858

By: UP

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.

John O. Normandin 1/16/03  
Signature of Officer Date  
JOHN O. NORMANDIN  
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. **160** 2. Name of Corporation **A & M Compressed Air Products, Inc.**

3. Street Address Principal Business Office **40 Industrial Drive** City **Uxbridge** State **MA** Zip **01569**

4. Business Phone No. **508-278-6500** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Sales and Service of Industrial Equipment.**

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

President Name <b>John O. Normandin</b>	Vice President Name <b>None</b>
Street Address <b>294 Lake Shore Drive</b>	Street Address
City State Zip <b>Bellingham MA 02019</b>	City State Zip

Secretary Name <b>Jason E. Normandin</b>	Treasurer Name <b>KYLE</b>
Street Address <b>177 Lake Shore Drive</b>	Street Address <b><del>John O.</del> Normandin</b>
City State Zip <b>Blackstone MA 01504</b>	City State Zip <b>Bellingham MA 02019</b>

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

Director Name <b>None</b>	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

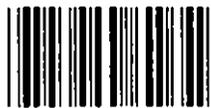
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
8,000		\$1.00 PAR VALUE

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

ISSUED SHARES	Class/Series	Par Value
100	Common	\$1.00

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



\* 1 6 0 \*

File Date: 1-4-02

Check No.: 37538

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 12/31/01  
Signature of Officer Date

**JOHN O. NORMANDIN**  
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. **160** 2. Name of Corporation **A & M Compressed Air Products, Inc.**  
3. Street Address Principal Business Office **40 Industrial Drive** City **Uxbridge** State **MA** Zip **01569**  
4. Business Phone No. **508-278-6500** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

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

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

President Name <b>John O. Normandin</b> Street Address <b>294 Lake Shore Drive</b> City <b>Bellingham</b> State <b>MA</b> Zip <b>02019</b>	Vice President Name <b>None</b> Street Address <b>294 Lake Shore Drive</b> City <b>Bellingham</b> State <b>MA</b> Zip <b>02019</b>
Secretary Name <b>Jason E. Normandin</b> Street Address <b>177 Lake Shore Drive</b> City <b>Blackstone</b> State <b>MA</b> Zip <b>01504</b>	Treasurer Name <b>John O. Normandin</b> Street Address <b>294 Lake Shore Drive</b> City <b>Bellingham</b> State <b>MA</b> Zip <b>02019</b>

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

Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>	Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>
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10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<b>8,000</b>	<b>\$1.00</b>	<b>PAR VALUE</b>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>\$1.00</b>

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



\* 1 6 0 \*

File Date: 1/23

Check No.: 35319

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 1/15/01

Signature of Officer JOHN O. NORMANDIN

Title of Officer PRESIDENT



**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. **160** 2. Name of Corporation **A & M Compressed Air Products, Inc.**  
3. Street Address Principal Business Office **40 Industrial Drive** City **Uxbridge** State **MA** Zip **01569**  
4. Business Phone No. **508-278-6500** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

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

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

President Name <b>John O. Normandin</b>	Vice President Name <b>None</b>
Street Address <b>294 Lake Shore Drive</b>	Street Address
City State Zip <b>Bellingham MA 02019</b>	City State Zip
Secretary Name <b>Jason E. Normandin</b>	Treasurer Name <b>John O. Normandin</b>
Street Address <b>177 Lake Shore Drive</b>	Street Address <b>294 Lake Shore Drive</b>
City State Zip <b>Blackstone MA 01504</b>	City State Zip <b>Bellingham MA 02019</b>

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

Director Name <b>None</b>	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)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 \$1.00 PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common \$1.00**

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



File Date: 12-24-99  
Check No.: 32435  
By: AMF  
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: [Signature] Date: 12/22/99  
Print or Type Name of Officer: JOHN O. NORMANDIN  
Title of Officer: PRESIDENT

1999

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED IN BLACK)



1. Certificate ID No. **180** **A & M Compressed Air Products, Inc.**

3. Street Address Principal Business Office  
**40 Industrial Drive** City **Uxbridge** State **MA** Zip **01569**

4. Business Phone No. **401-769-2012** **RHODE ISLAND** 6. **3563**

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

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

<p>President Name <b>John O. Normandin</b></p> <p>Street Address <b>294 Lake Shore Drive</b></p> <p>City State Zip <b>Bellingham MA 02019</b></p>	<p>Vice President Name <b>None</b></p> <p>Street Address</p> <p>City State Zip</p>
<p>Secretary Name <b>Jason E. Normandin</b></p> <p>Street Address <b>177 Lake Shore Drive</b></p> <p>City State Zip <b>Blackstone MA 01504</b></p>	<p>Treasurer Name <b>John O. Normandin</b></p> <p>Street Address <b>294 Lake Shore Drive</b></p> <p>City State Zip <b>Bellingham MA 02019</b></p>

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

<p>Director Name <b>None</b></p> <p>Street Address</p> <p>City State Zip</p>	<p>Director Name</p> <p>Street Address</p> <p>City State Zip</p>
<p>Director Name</p> <p>Street Address</p> <p>City State Zip</p>	<p>Director Name</p> <p>Street Address</p> <p>City State Zip</p>

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

Number of Shares	Class/Series	Par Value
<b>8,000</b>	<b>\$1.00</b>	<b>PAR VALUE</b>

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

Number of Shares	Class/Series	Par Value
<b>200</b>	<b>Common</b>	<b>\$1.00</b>

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



File Date: **Feb 10, 1999**

Check No.: **30193**

By: **J.O.**

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: **John O. Normandin 1/11/99**  
Date: **1/11/99**  
Print or Type Name of Officer: **JOHN O. NORMANDIN**  
Title of Officer: **PRESIDENT**



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **160** 2. Name of Corporation **A & M Compressed Air Products, Inc.**  
3. Street Address Principal Business Office **114 Fortin Drive** City **Woonsocket** State **RI** Zip **02895**  
4. Business Phone No. **401-769-2012** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**  
7. Brief Description of the Character of Business Conducted in Rhode Island

Sales and service of industrial equipment.  
8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <b>John O. Normandin</b>	Vice President Name <b>None</b>
Street Address <b>294 Lake Shore Drive</b>	Street Address
City State Zip <b>Bellingham MA 02019</b>	City State Zip
Secretary Name <b>Jason E. Normandin</b>	Treasurer Name <b>John O. Normandin</b>
Street Address <b>177 LAKE SHORE DR.</b>	Street Address <b>294 Lake Shore Drive</b>
City State Zip <b>BLACKSTONE MA 01504</b>	City State Zip <b>Bellingham MA 02019</b>

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

Director Name <b>None</b>	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)

AUTHORIZED SHARES	Class/Series	Par Value
<b>8000 SHS \$1.00 PAR VAL</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>200</b>	<b>Common</b>	<b>\$1.00</b>

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



File Date: 1-1-98  
Check No.: 206108  
By: ICP  
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: John O. Normandin Date: 12/23/97  
Print or Type Name of Officer: JOHN O. NORMANDIN  
Title of Officer: PRESIDENT



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **160** 2. Name of Corporation **A & M Compressed Air Products, Inc.**  
3. Street Address Principal Business Office **114 Fortin Drive** City **Woonsocket** State **RI** Zip **02895**  
4. Business Phone No. **401-769-2012** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Sale and service of industrial equipment.**

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

President Name <b>John O. Normandin</b> Street Address <b>294 Lake Shore Drive</b> City <b>Bellingham</b> State <b>MA</b> Zip <b>02019</b>	Vice President Name <b>None</b> Street Address  City  State  Zip
Secretary Name <b>David G. Normandin</b> Street Address <b>14 Brian Avenue</b> City <b>No. Smithfield</b> State <b>RI</b> Zip <b>02896</b>	Treasurer Name <b>John O. Normandin</b> Street Address <b>294 Lake Shore Drive</b> City <b>Bellingham</b> State <b>MA</b> Zip <b>02019</b>

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

Director Name <b>None</b> Street Address  City  State  Zip	Director Name  Street Address  City  State  Zip
Director Name  Street Address  City  State  Zip	Director Name  Street Address  City  State  Zip

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

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<b>8000 SHS \$1.00 PAR VAL</b>	<b>200 Common \$1.00</b>

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



File Date: 1-22-97

Check No.: 22928

By: !UP [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] 1/15/97  
Signature of Officer Date  
**JOHN O. NORMANDIN**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 160		2. NAME OF CORPORATION? A & M Compressed Air Products, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 114 Fortin Drive		CITY Woonsocket	STATE RI		
4. BUSINESS PHONE NO. (401) 769-2012		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 7880		
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND? Engage in the business of sale and service of industrial equipment					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME John O. Normandin		VICE PRESIDENT NAME None			
STREET ADDRESS 294 Lake Shore Drive		STREET ADDRESS			
CITY Bellingham	STATE MA	ZIP CODE 02019			
SECRETARY NAME David G. Normandin		TREASURER NAME John O. Normandin			
STREET ADDRESS 14 Brian Avenue		STREET ADDRESS 294 Lake Shore Drive			
CITY N. Smithfield	STATE RI	ZIP CODE 02896	CITY Bellingham		
			STATE MA		
			ZIP CODE 02019		
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME None		DIRECTOR NAME			
STREET ADDRESS		STREET ADDRESS			
CITY	STATE	ZIP CODE	CITY		
			STATE		
			ZIP CODE		
DIRECTOR NAME		DIRECTOR NAME			
STREET ADDRESS		STREET ADDRESS			
CITY	STATE	ZIP CODE	CITY		
			STATE		
			ZIP CODE		
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8000 SHS	\$1.00 PAR VAL		200	Common	\$1.00

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: 2/16/96  
Check No: 20064  
By: CS / UP  
For Secretary of State Use Only

Signature of Officer: *John O. Normandin*  
Print or Type Name of Officer: JOHN O. NORMANDIN  
Title of Officer: PRESIDENT  
Date: 2/16/96

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0000150 Annual Report for the year: 1995  
 Name of Corporation: A & M Compressed Air Products, Inc.  
 Business entity organized under the laws of the State of Rhode Island Business Entity is (check one):  
 For foreign entity, address and telephone number of principal office:  Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)  
 Brief statement of the character of business conducted in Rhode Island:  
 Phone: ( ) Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)  
114 Fortin Drive Engaged in the business of  
Woonsocket, RI 02895 sales and service of  
 industrial equipment.  
 Phone: ( 401 ) 769-2012

**THE NAMES OF THE OFFICERS ARE:**

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>John O. Normandin</u>	<u>294 Lake Shore Drive</u>	<u>Bellingham MA</u>	<u>02019</u>
VICE PRESIDENT			
SECRETARY			
TREASURER <u>David G. Normandin</u>	<u>14 Brian Avenue</u>	<u>North Smithfield, RI</u>	<u>02896</u>
<u>John O. Normandin</u>	<u>294 Lake Shore Drive</u>	<u>Bellingham MA</u>	<u>02019</u>

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
<u>8,000</u>	<u>Common</u>	<u>200</u>	<u>Common</u>

Date 2/28 19 95  
 By: John O. Normandin  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
 TITLE OF OFFICER SIGNING

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

CHARLES S. SOKOLOFF, ESQ.  
 300 PLAZA CENTER  
 68 CUMBERLAND STREET  
 WOONSOCKET RI 02895

**FILED**  
**FILED**  
 MAR 1 1995  
 By: [Signature]  
17912

Filing Fee \$50.00  
Payable to  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903 1335  
401-277-3040

File Annually  
LLC Sept. 1 - Nov. 1  
CORP Jan. 1 - March 1

Corporate ID: 0000150 Annual Report for the year: 1994

Name of Business Entity A & M Compressed Air Products, Inc.

Business entity organized under the laws of the State of Rhode Island

Business Entity is (check one)

Federal Taxpayer Identification Number. [REDACTED]

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Limited Liability Company (See RIGL 7-16)

For foreign entity, address and telephone number of principal office

N/A

Name, title and mailing address of contact person to whom communications may be directed

John O. Normandin, President

A & M Compressed Air Products, Inc.

114 Fortin Drive

Woonsocket, R.I. 02895

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

114 Fortin Drive, Woonsocket, R.I. 02895

Brief statement of the character of business conducted in Rhode Island

sales and service of industrial equipment.

Date of Organization 10/05/82

Phone: (401) 769-2012

Date of Qualification to do business in Rhode Island (if foreign entity)

N/A

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER  PRESIDENT (SEE RIGL 7-1.1) STREET ADDRESS CITY STATE ZIP CODE  
John O. Normandin 294 Lake Shore Drive Bellingham, MA 02019

CHIEF FINANCIAL OFFICER  VICE PRESIDENT (SEE RIGL 7-1.1) STREET ADDRESS CITY STATE ZIP CODE

CONTROLLER  SECRETARY (SEE RIGL 7-1.1) STREET ADDRESS CITY STATE ZIP CODE  
David G. Normandin 14 Brian Avenue North Smithfield, RI 02895

CHIEF FINANCIAL OFFICER  TREASURER (SEE RIGL 7-1.1) STREET ADDRESS CITY STATE ZIP CODE  
John O. Normandin 294 Lake Shore Drive Bellingham, MA 02019

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY STATE ZIP CODE

NAME STREET ADDRESS CITY STATE ZIP CODE

NAME STREET ADDRESS CITY STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 8,000

CLASS common

SERIES

PAR VALUE OR WITHOUT PAR \$1.00

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 8,000

CLASS common

SERIES

PAR VALUE OR WITHOUT PAR \$1.00

**FILED**

MAR 03 1994

By 157577B

Date 2/28 1994

By [Signature]

John O. Normandin

(PRINT OR TYPE NAME OF OFFICER OR DIRECTOR)

President/Treasurer

(TYPE OR PRINT TITLE)

Form 3 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

CHARLES S. SOKOLOFF, ESQ.  
300 PLAZA CENTER, 88 CUMBERLAND ST.  
WOONSOCKET RI 02895

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Corporations Division  
100 South Main Street  
Providence, Rhode Island 02903

13884

CORPORATE ID: 0000160

ANNUAL REPORT FOR THE YEAR 1993

FIRST: The name of the corporation is A & M Compressed Air Products, Inc.

SECOND: It is incorporated under the laws of Rhode Island.

THIRD: Character of business, briefly stated, is engaged in the business of sales and service of industrial equipment.

FOURTH: If foreign corporation, address of its principal office N/A.

FIFTH: Business address in Rhode Island is 114 Fortin Drive, Woonsocket, RI 02895.

SIXTH: Names and address of its directors and officers (attach rider if necessary):

Name	Title	Address (including number, zip code)
John O. Normandin	President	294 Lake Shore Drive, Bellingham, MA
	Vice President	
David G. Normandin	Secretary	14 Brian Avenue, North Smithfield, RI 02895
David G. Normandin	Treasurer	14 Brian Avenue, North Smithfield, RI 02895
None	Director	
	Director	

SEVENTH: Number of shares authorized:

Rec'd & Filed MAR 9 1993

No. of Shares	Class	Par Value or statement that shares are without Par Value
8,000	Common	\$1.00

EIGHTH: Number of shares issued:

No. of Shares	Class	Par Value or statement that shares are without Par Value
200	Common	\$1.00

Dated: 3/1/93

A & M Compressed Air Products, Inc.

By: [Signature]

Title: PRESIDENT

(Report must be signed by an officer)

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Corporations Division  
100 South Main Street  
Providence, Rhode Island 02903

DKB  
# 12117

CORPORATE ID: 0000160

ANNUAL REPORT FOR THE YEAR 1992

FIRST: The name of the corporation is A & M Compressed Air Products, Inc.

SECOND: It is incorporated under the laws of Rhode Island.

THIRD: Character of business, briefly stated, is engaged in the business of sales and service of industrial equipment.

FOURTH: If foreign corporation, address of its principal office N/A.

FIFTH: Business address in Rhode Island is 114 Fortin Drive, Woonsocket, RI 02895.

SIXTH: Names and address of its directors and officers (attach rider if necessary):

Name	Title	Address (including number, zip code)
John O. Normandin	President	294 Lake Shore Drive, Bellingham, MA
David G. Normandin	Vice President	14 Brian Avenue, North Smithfield, RI 02895
David G. Normandin	Secretary	14 Brian Avenue, North Smithfield, RI 02895
None	Treasurer	
	Director	

SEVENTH: Number of shares authorized:

No. of Shares	Class	Par Value or statement that shares are without Par Value
8,000	Common	\$1.00

EIGHTH: Number of shares issued:

No. of Shares	Class	Par Value or statement that shares are without Par Value
200	Common	\$1.00

Dated: 3/5/91

A & M Compressed Air Products, Inc.

By: John O. Normandin

Title: PRESIDENT

(Report must be signed by an officer)

PAID  
MAR 09 1992  
SEC'Y OF STATE

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0000160 *hC* Annual Report for the year 1991

FIRST: The name of the corporation is A & M Compressed Air Products, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is engaged in the business of sales and service of industrial equipment.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 114 Fortin Drive, Woonsocket, RI 02895

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
<u>John O. Normandin</u>	President	<u>294 Lake Shore Drive, Bellingham, MA</u>
.....	Vice President	.....
<u>David G. Normandin</u>	Secretary	<u>14 Brian Avenue, No. Smithfield, RI 02895</u>
<u>David G. Normandin</u>	Treasurer	<u>14 Brian Avenue, No. Smithfield, RI 02895</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>8,000</u>	<u>Common</u>		<u>\$1.00</u>

**PAID**

**MAR 27 1991**

**SECY OF STATE**

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>Common</u>		<u>\$1.00</u>

Dated March 21, 19 91

A & M Compressed Air Products, INC.

(Name of Corporation)

By

*John O. Normandin*  
*President*

Title

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

AT

Corporate ID 160 Annual Report for the year 1990

FIRST: The name of the corporation is A & M COMPRESSED AIR PRODUCTS INC

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is air compressor sales and related services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

111 FORTIN DRIVE, WOONSOCKET, RI 02895

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
JOHN O NORMANDIN	President	294 LAKE SHORE DRIVE BELLINGHAM MA 02019
	Vice President	
DAVID G NORMANDIN	Secretary	14 BRIAN AVE NORTH SMITHFIELD RI 02895
DAVID C NORMANDIN	Treasurer	AS ABOVE

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common		1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		1.00

PAID  
MAR 07 1990  
SEC'Y. OF STATE

Dated 19 90

A & M COMPRESSED AIR PRODUCTS INC  
(Name of Corporation)

By [Signature]  
Title PRESIDENT

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 160 Annual Report for the year 1989

FIRST: The name of the corporation is A & M COMPRESSED AIR PRODUCTS INC

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is air compressor sales and related services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

111 FORTIN DRIVE WOONSOCKET RI 02895

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
JOHN O NORMANDIN	President	294 LAKE SHORE DRIVE BELLINGHAM MA 02019
	Vice President	
DAVID G NORMANDIN	Secretary	14 BRIAN AVE NORTH SMITHFIELD RI 02895
DAVID C NORMANDIN	Treasurer	AS ABOVE

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common		1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		1.00

Dated 19 89

**PAID**  
**MAR 3 1989**  
OFFICE OF STATE CLERK  
A & M COMPRESSED AIR PRODUCTS INC  
(Name of Corporation)

By J. O. Normandin  
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID X 160 Annual Report for the year 1988

FIRST: The name of the corporation is A & M COMPRESSED AIR PRODUCTS INC

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is air compressor sales and related services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

111 FORTIN DRIVE WOONSOCKET RI 02895

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
JOHN O NORMANDIN	President	294 LAKE SHORE DRIVE BELLINGHAM MA 02019
	Vice President	
DAVID G NORMANDIN	Secretary	14 BRIAN AVE NORTH SMITHFIELD RI 02895
DAVID C NORMANDIN	Treasurer	AS ABOVE

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common		1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		1.00

Dated 19 88

A & M COMPRESSED AIR PRODUCTS INC  
(Name of Corporation)

By [Signature]  
Title President

(Report must be signed by an officer)

PAID  
JAN 13 1988  
SECY. OF STATE  
JAN 22 1988  
[Signature]

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 160 Annual Report for the year 1987

FIRST: The name of the corporation is A & M Compressed Air Products, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to engage in the business of selling and servicing air compressors and any and all other lawful business.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island

114 Fortin Avenue Woonsocket RI 02895

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>None</u>	<u>Director</u>	
	<u>Director</u>	
	<u>Director</u>	
<u>John A. Normandin</u>	<u>President</u>	<u>114 Fortin Dr., Woonsocket, RI 02895</u>
	<u>Vice President</u>	
<u>David G. Normandin</u>	<u>Secretary</u>	<u>114 Fortin Dr., Woonsocket, RI 02895</u>
<u>David G. Normandin</u>	<u>Treasurer</u>	<u>114 Fortin Dr., Woonsocket, RI 02895</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>8000</u>	<u>Common</u>		<u>\$1.00</u>

**PAID**

EIGHTH: Number of Shares issued:

APR 29 1987

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>Common</u>		<u>\$1.00</u>

SEC'Y. OF STATE

**MAY 06 1987**

Dated April 13 19 87

A & M Compressed Air Products, Inc.  
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 160 Annual Report for the year 1987

FIRST: The name of the corporation is A & M COMPRESSED AIR PRODUCTS INC

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is air compressor sales and related services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

111 FORTIN DRIVE WOONSOCKET RI 02895

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name Office Address (including number, street, zip code)

..... Director .....

..... Director .....

..... Director .....

JOHN O. NORMANDIN..... President ..... 294 LAKE SHORE DRIVE BELLINGHAM MA 02019.....

..... Vice President .....

DAVID G. NORMANDIN..... Secretary ..... 14 BRIAN AVE NORTH SMITHFIELD RI 02895.....

DAVID G. NORMANDIN..... Treasurer ..... AS ABOVE.....

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common		1.00

**PAID**

MAR 09 1987

SECY OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		1.00

PAID  
MAR 06 1987

Dated February 19 87

A & M COMPRESSED AIR PRODUCTS, INC.  
(Name of Corporation)

By David G. Norman

Title Sec

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 160

Annual Report for the year 1986

FIRST: The name of the corporation is A & M Compressed Air Products Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is air compressor sales and related services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

111 Fortin Drive, Woonsocket, RI 02895

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name Office Address (including number, street, zip code)

Director

Director

Director

John Q. Normandin President 294 Lake Shore Drive, Bellingham MA 02019

Vice President

David G. Normandin Secretary 14 Brian Ave., North Smithfield, RI 02895

David G. Normandin Treasurer 14 Brian Ave., North Smithfield, RI 02895

SEVENTH: Number of Shares authorized:

Par Value  
or statement that  
shares are without  
par value

No. of Shares	Class	Series
8,000	common	

\$1.00

EIGHTH: Number of Shares issued:

Par Value  
or statement that  
shares are without  
par value

No. of Shares	Class	Series
200	common	

\$1.00

03/14/86 PAID

Dated February 19 86

A & M Compressed Air Products Inc.

(Name of Corporation)

By David G. Normandin

Title Sec. / Pres.

APR 09 ENT'D

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

160

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 160

Annual Report for the year 1985

FIRST: The name of the corporation is ~~A & M Millwright Co Inc~~  
A & M Compressed Air Products, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is air compressor sales and related services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

111 Fortin Drive, Woonsocket, RI 02895

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>John O. Normandin</u>	<u>President</u>	<u>294 Lake Shore Drive, Bellingham MA 02019</u>
	<u>Vice President</u>	
<u>David G. Normandin</u>	<u>Secretary</u>	<u>14 Brian Ave., North Smithfield, RI 02895</u>
<u>David G. Normandin</u>	<u>Treasurer</u>	<u>14 Brian Ave., North Smithfield, RI 02895</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>8,000</u>	<u>Common</u>		<u>\$1.00</u>

**RECEIVED MAR 1985**

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>Common</u>		<u>\$1.00</u>

Dated February 19 85

A & M MILLWRIGHT CO INC  
(Name of Corporation)

By David G. Normandin

Title Secretary / Treas

(Report must be signed by an officer)

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984

FIRST: The name of the corporation is A & M Millwright Co Inc

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is air compressor sales and related services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 111 Fortin Drive, Woonsocket, RI 02895

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
John O. Normandin	President	294 Lake Shore Drive, Bellingham, MA
	Vice President	
David G. Normandin	Secretary	33 Brian Ave., RFD #3, Woonsocket, RI
David G. Normandin	Treasurer	33 Brian Avenue, RFD #3, Woonsocket, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		\$1.00

Dated: February 27 1984

A & M MILLWRIGHT CO INC  
(Name of Corporation)

APR 2 1984  
*[Signature]*

By  *[Signature]*  
Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

