



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 02903-1330
401.222.3000

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. 138460		2. Name of Corporation Thielsch Group, Inc.			
3. Street Address Principal Business Office 195 Frances Avenue		City Cranston	State RI	Zip 02910-2211	
4. Business Phone No. (401) 467-6454		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, HOLD, BUY, SELL, PLEDGE OR OTHERWISE DEAL IN TANGIBLE AND INTANGIBLE PROPERTY OF EVERY NATURE WHATSOEVER INCLUDING STOCK, SECURITIES, MEMBERSHIP IN LIMITED LIABILITY COMPANIES, TO DEAL IN REAL ESTATE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas Lent		Vice President Name Peter Kennefick			
Street Address 195 Frances Avenue		Street Address 195 Frances Avenue			
City Cranston	State RI	Zip 02910-2211	City Cranston	State RI	Zip 02910-2211
Secretary Name Deborah Slotpole		Treasurer Name Thomas Lent			
Street Address 81 Westerly Road		Street Address 195 Frances Avenue			
City Weston	State MA	Zip 02193	City Cranston	State RI	Zip 02910-2211
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Thomas Lent		Director Name Deborah Slotpole			
Street Address 16 Mohawk Trail		Street Address 81 Westerly Road			
City Westfield	State NJ	Zip 07090	City Weston	State MA	Zip 02193
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
10,000,000 \$.01 PAR VALUE			1,000,000		

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



138460

File Date 2-4-05
Check No. 69932
By: OL
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 Thomas E. Lent Date 2-1-05
Print or Type Name of Officer President
Title of Officer