



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. 125792		2. Name of Corporation Inner Tech Services, Inc.			
3. Street Address Principal Business Office 20 CENTERVILLE ROAD		City WARWICK	State RI	Zip 02886	
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENTER BUSINESS AGREEMENTS, TO PROVIDE MARINE CONSTRUCTION AND MANAGEMENT SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CRAIG W. EMMONS		Vice President Name			
Street Address 69 TRENT AVENUE		Street Address			
City WARWICK	State RI	Zip 02886	City	State	Zip
Secretary Name CRAIG W. EMMONS		Treasurer Name STEPHEN T. ANTONIOU			
Street Address 69 TRENT AVENUE		Street Address 38 LISA DRIVE			
City WARWICK	State RI	Zip 02886	City N. ATTLEBORO	State MA	Zip 02760
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <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	COMMON	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 5 7 9 2

125792 DBC 01/04/05 10:01:44 AM

File Date 2-17-05

Check No. 14164

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.

Craig W. Emons 2/17/05
Signature of Officer Date

CRAIG W. EMMONS

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 630 12/01