



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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$0.00

AMENDED

FORM MUST BE TYPED IN BLACK

1. Corporate ID No. 31666		2. Name of Corporation C. A. Pretzer Associates, Inc.			
3. Street Address Principal Business Office 50 Freeway Drive			4. City Cranston	5. State Rhode Island	6. Zip 02920
7. Business Phone No. (401) 785-2690		8. State of Incorporation Rhode Island			9. SIC Code 7518
10. Brief Description of the Character of Business Conducted in Rhode Island Provides services as engineering consultants					
11. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
12. President Name Michael J. Grafe			13. Vice President Name Thomas P. Grafe		
14. Street Address 382 Weaver Hill Road			15. Street Address 10 Settlers Way		
16. City West Greenwich	17. State RI	18. Zip 02817	19. City No. Scituate	20. State RI	21. Zip 02857
22. Secretary Name Michael J. Grafe			23. Treasurer Name Thomas P. Grafe		
24. Street Address 382 Weaver Hill Road			25. Street Address 10 Settlers Way		
26. City West Greenwich	27. State RI	28. Zip 02817	29. City No. Scituate	30. State RI	31. Zip 02857
12. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
32. Director Name Michael J. Grafe			33. Director Name Thomas P. Grafe		
34. Street Address 382 Weaver Hill Road			35. Street Address 10 Settlers Way		
36. City West Greenwich	37. State RI	38. Zip 02817	39. City No. Scituate	40. State RI	41. Zip 02857
42. Director Name			43. Director Name		
44. Street Address			45. Street Address		
46. City	47. State	48. Zip	49. City	50. State	51. Zip
13. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 14. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
15. AUTHORIZED SHARES			16. ISSUED SHARES		
17. Number of Shares	18. Class/Series	19. Par Value	20. Number of Shares	21. Class/Series	22. Par Value
2,000		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

File Date: _____

Check No.: _____

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 of Officer: Michael J. Grafe Date: Oct. 15, 2001

Michael J. Grafe

Print or Type Name of Officer

President

Title of Officer