



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: 142966  
2. Name of Corporation: Cobalt Industries, Inc.  
3. Street Address Principal Business Office: 1700 MAIN STREET  
City: SPRINGFIELD State: MA Zip: 00103-  
4. Business Phone No: State of Incorporation: MASSACHUSETTS 6. SIC Code: 0059

7. Brief Description of the Character of Business Conducted in Rhode Island  
DESIGN, CONSTRUCTION, MANAGEMENT, REPAIR

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

|  |   |
|--|---|
| President Name<br>Jon Daskam<br>Street Address<br>25 Lexington Drive<br>City State Zip<br>Belchertown MA 01007   | Vice President Name<br>John Laquale and James Bromage<br>Street Address<br>40 Riverfarm Road<br>City State Zip<br>Cranston RI 02910 |
| Secretary Name<br>James Bromage<br>Street Address<br>67 Yellowstone Avenue<br>City State Zip<br>Warwick RI 02888 | Treasurer Name<br>John Laquale<br>Street Address<br>40 Riverfarm Road<br>City State Zip<br>Cranston RI 02910                        |

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

|   |   |
|---|---|
| Director Name<br>Jon Daskam<br>Street Address<br>25 Lexington Drive<br>City State Zip<br>Belchertown MA 01007   | Director Name<br>John Laquale<br>Street Address<br>40 Riverfarm Road<br>City State Zip<br>Cranston RI 02910 |
| Director Name<br>James Bromage<br>Street Address<br>67 Yellowstone Avenue<br>City State Zip<br>Warwick RI 02888 | Director Name<br><br>Street Address<br><br>City State Zip<br><br>   |

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

| Number of Shares | Class/Series      | Par Value |
|------------------|-------------------|-----------|
| 2,000            | COMM NO PAR VALUE |           |

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

| Number of Shares | Class/Series | Par Value |
|------------------|--------------|-----------|
| 300              |              |           |

RECEIVED  
 JUL 18 PM 12:12  
 02910

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



1 4 2 9 6 6

\*142966 FBC 07/11/05 11:10:10 AM\*

File Date: 7/18/05

Check No: 1645 C72036

By: KML

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 Laquale 7/14/2005  
Signature of Officer Date  
JOHN LAQUALE  
Print or Type Name of Officer  
VICE PRESIDENT  
Title of Officer