



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. 130967		2. Name of Corporation ECOSystem Solutions, Inc.			
3. Street Address Principal Business Office 24 Kenmore Street			City West Warwick	State RI	Zip 02893
4. Business Phone No. 401-741-3263		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Assist/represent clients before federal, state, municipal agencies, departments, boards and other related entities in order to obtain permits or resolve violations and/or disputes.					
<del>8. NAMES AND ADDRESSES OF THE OFFICERS AND BOX FOR ATTACHMENTS</del> <input type="checkbox"/> <del>9. DISPUTES BEFORE USING ATTACHMENTS</del>					
President Name Brandon B. Faneuf		Vice President Name Brandon B. Faneuf			
Street Address 24 Kenmore Street		Street Address 24 Kenmore Street			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Brandon B. Faneuf		Treasurer Name Brandon B. Faneuf			
Street Address 24 Kenmore Street		Street Address 24 Kenmore Street			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
<del>10. NAMES AND ADDRESSES OF THE DIRECTORS AND BOX FOR ATTACHMENTS</del> <input type="checkbox"/> <del>11. DISPUTES BEFORE USING ATTACHMENTS</del>					
Director Name NONE		Director Name NONE			
Street Address -		Street Address -			
City -	State -	Zip -	City -	State -	Zip -
Director Name NONE		Director Name NONE			
Street Address -		Street Address -			
City -	State -	Zip -	City -	State -	Zip -
<del>12. STATE AND FEDERAL TAX INFORMATION AND BOX FOR ATTACHMENTS</del> <input type="checkbox"/> <del>13. DISPUTES BEFORE USING ATTACHMENTS</del> <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	1,000	-	NO PAR VALUE

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



FILED

File Date

JUL 24 2006

Check No.

By OK 28429-

By

FOR SECRETARY OF STATE USE ONLY 072402

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.

Brandon B. Faneuf 7/21/06  
Signature of Officer Date  
Brandon B. Faneuf  
Print or Type Name of Officer  
President  
Title of Officer



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8. NAMES AND ADDRESSES OF THE OFFICERS (X-BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Brandon B. Faneuf			Vice President Name Brandon B. Faneuf		
Street Address 24 Kenmore Street			Street Address 24 Kenmore Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Brandon B. Faneuf			Treasurer Name Brandon B. Faneuf		
Street Address 24 Kenmore Street			Street Address 24 Kenmore Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
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 NONE		
Street Address -			Street Address -		
City -	State -	Zip -	City -	State -	Zip -
Director Name NONE			Director Name NONE		
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	1,000	-	NO PAR VALUE

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



1 3 0 9 6 7

File Date **FILED**  
Check No. **JUL 24 2006**  
By **By [Signature] 28229-**  
FOR SECRETARY OF STATE USE ONLY **072406**

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 **Brandon B. Faneuf** Date **7/21/06**  
Print or Type Name of Officer  
President  
Title of Officer