Manhew 4. Brown. Secretary of State Corporations Division 100 North Main Street, Providence, Rt 0/903 1335 407 222 3049

| 98868 3 Street address Principal Plusi 20 THURBER BOULEN 4 Business Phone to 4 C12314441 5 Brief Description of the Char THE MANUFACTURE, DE | /ARD, UNIT C | Motion, Inc. | .Citi: | · | |
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| 20 THURBER BOULEN Business Phone No. 4012314441 Brief Description of the Char | iness Office VARD, UNIT C | | City | | |
| 20 THURBER BOULES Business Phone No. 4012314441 Brief Descrytion of the Char | /ARD, UNIT C | | $\mathcal{A}(M)$ | | |
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| Brief Description of the Char | | 3 State of Incorporati | | RŢ | 02917- |
| Brief Description of the Char THE MANUFACTURE, DE | | RHODE ISLAN | | | ઇ. કોC Cod |
| | acter of Business Col SIGN, SALE AN | educted in Rhode Island ID REPAIR OF CONTRO | | | 0 |
| B. NAMES AND ADDRES resident Same | SES OF THE OF | FICERS ("X" BOX FOR A | TTACHMENT) [] FILL IN SPA | CES BEFORE USING. | ATTACHMENTS |
| David A. Martino | | | The Freshier, vame | | • |
| treet Address | • | the second second | George E. Osbori | ne, Jr. | |
| 0 Thurber Blvd. | | | Street Address | | • |
| iti | Store | Z_{Q} | 3 Crestwood Driv | | |
| Smithfield | RI | 02917 | Citi | State | Z_{ip} |
| cretary Name | | 92311 | Blackstone | MA | 01504 |
| corge E. Osborne, | Jr. | | <i>Treasurer Name</i> David A. Martino | | |
| tect Address | | | | | |
| Crestwood Drive | | | Street Address | | |
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| lackstone | MA | 2.p | Cita | State | Zip |
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| one | | UTSCA ECTORS ("X" BON FOR) | attachment) 🛘 fill in sp | RT ACES BEFORE USING | · · |
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| FOR SEC | RETARY OF STATE USE ONLY |

| inder penalty of penjury. | I declare and affirm that I have examined |
|----------------------------|---|
| his report including any | accompanying schedules and statements |
| nd ticat all statements co | tained herein are true and correct |

David A. Martino

President

Title of Officer

Form 630 12/01



Mutthew A. Brown. Secretary of State. Corporations Division 100 North Main Street, Providence, RI 02403-1333 401-222-3040

| (FORM MUST BE TYPED IN BI | | | | | |
|--|--|---------------------------|--|---|-------------------------------|
| T Corporate ID No. 98868 | 2 Name of Corporati Northeast Moti | | | | |
| 3. Street Address Principal Busin | | | · · · · · · · · · · · · · · · · · · · | State | 7.ip |
| 20 THURBER BOULEVA | • | | SMITHFIELD | RI | 02917- |
| 4. Business Phone No | | 5. State of Incorporation | | | 6 SIC Code |
| 4012314441 | | RHODE ISLAND | | | . 0 |
| 7. Brief Description of the Chara THE MANUFACTURE, DES | | ted in Rhode Island | SYSTEMS. | | |
| 8. NAMES AND ADDRESS President Name | ses of the offic | ERS CX BOX FOR ATT | CHNENT D FILL IN SPACES Vine President Name | BEFORE USING ATTAC | HMENTS |
| David A. Martino | | | George E. Osborne, | J۳. | |
| Street Address | | | Street Address | | |
| 20 Thurber Blvd. | | | 3 Crestwood Dr. | | · |
| City | . State | $Z\psi$ | Çira | State | Zip |
| Smithfield | RI | 02917 | Blackstone | MA | 01504 |
| Secretary Name | _ | | Treasurer Name | | |
| George E. Osborne, | J٤ | | David A. Martino | e de la companya de | |
| Street Address | | | Street Address | | |
| 3 Crestwood Drive | | | 20 Thurber Blvd | | 7 |
| C:n: | State | Zip : 01504 | City Company Edual of | State RT | - Zy- - C2917 |
| Blackstone | MA | 01504 | Smithfield | | |
| 9: NAMES AND ADDRESS Director Name | ers of the dike | IFORS ("X" BON FORA) | TACHMENT) [] FILL IN SPACE Director Name | Trefore observe is | icadair: 140 |
| None | | | | | A 10 A |
| Street Address | | | Street Address | | |
| Cin | State | $Z\psi$ | City | State | Zip |
| Director Name | • | • | Eirector Name | | |
| Street Address | | - | Street Address | | |
| City | State | $Z\eta e^{i t}$ | Citi | State | Zip |
| 10. SHARES AUTHORIZE | D CA" BOX FOR AT | TACHMENT) | II. SHARES ISSUED ("A" BOX | X FOR ATTACHMENT) | |
| AUTHORIZED SHARFS Number of Shares | Class/Series | Par Value | ASSUED SHARES Number of Shares | Class/Series | Far Value |
| 8,000 \$1 00 PAR VALUE | E | | 300 | COMINOR | \$1.00 |
| • | | | | | • |
| This report must be signe | d in ink by either | the President, Vice Pro | sident, Secretary, Assistant | Secretary, Treasurer, | Receiver or Trusto |
| | | | | | |
| | 1 | | | | |
| | | | | | |
| 9 8 8 | 6 8 | | Under penalty of perjury, this report, including any | I declare and affirm that I | have examined and statements. |

98868 DBC 01/09/04 11:10:58 AM File Date FOR SECRETARY OF STATE USE ONLY

and that all statements contained herein are true and correct

David A. Martino

Frint or Type Name of Officer President

Title of Officer

Ferm 630 12/01

| AND PROVI | AND PROVIDENCE PLANTATIONS Office of the Secretary of State | | | 196 North Main Street, Providence, RI 02903- 401-222 | |
|---|---|------------------------|---|---|-------------------|
| ··, · PROFIT CORPO Filing Period: January I - , | RATION / | ANNUAL REP | ORT FOR THE YEA | AR 2003 | |
| FORM MUST BE TYPED IN BL | | · · | | | |
| 1 Corporate ID No | 2 Name of Corpor | | • • | · | |
| * 98868 * | Northeast M | otion, Inc. | | | |
| 3 Street Address Principal Busine | ess Office | | City | State | $Z \varphi$ |
| 3 CRABAPPLE LANE | | | GREENVILLE | RI | 02828 |
| 4 Business Phone No | | 5 State of Incorporati | on | | 6 SIC Code |
| 4012314441 | | RHODE ISLAN | D | | С |
| 7 Brief Description of the Charac THE MANUFACTURE, DES | | | DL SYSTEMS. | | |
| 8. NAMES AND ADDRESS | ES OF THE OFF | ICERS ("X" BOX FOR A | TTACHMENT) | BEFORE USING AT | FTACHMENTS |
| President Name | | | Vice President Name | | |
| David A. Martino | | | George E. Osborne, | Jr. | |
| Street Address | | | Street Address | | |
| 3 Crabapple Lane | | | 3 Crestwood Drive | | |
| City | State | Zip | City | State | Z.ip |
| Greenville | RI | 02828 | Blackstone | MA | 01504 |
| Secrétary Name | | | Treasurer Name | | · |
| George E. Osborne, | Jr. | | David A. Martino | | |
| Street Address | | | Street Address | | |
| 3 Crestwood Drive | | | 3 Crabapple Lane | | |
| Cay | State | $Z\phi$ | City | State | $Z\varphi$ |
| Blackstone | MA | 01904 | Greenville | RI | 02828 |
| 9. NAMES AND ADDRESS Director Name | ES OF THE DIR | ECTORS ("X" BOX FOR | ATTACHMENT) FILL IN SPACE Director Name | ES BEFORE USING | ATTACHMENTS |
| None | | | | | |
| Street Address | | | Street Address | | |
| Cup | State | Zip | Cay | State | Zip |
| Director Name | | | Director Name | | |
| Speet Address | | | Street Address | | |
| Cus | State | Zip | Cuy | State | Zıp |
| 10. SHARES AUTHORIZE AUTHORIZED SHARES | D ("X" BOX FOR | ATTACHMENT) | 11. SHARES ISSUED ("X" BOX ISSUED SHARES | X FOR ATTACHMEN | in 🗆 |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 8,000 \$1.00 PAR VALUE | • | | 300 | common | \$1.00 |
| | | | ! | | |
| | | | : | | |

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



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|--------------------------------|--|
| File Date FILEU | |
| Thack No. MAR 0.5. 2003 | |
| BULLEY) NIC | |
| OR 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.

David A. Martino

Print or Type Name of Officer

President

Tule of Officer

Form 630 12/01

(FORM MUST BE TYPED IN BLACK)

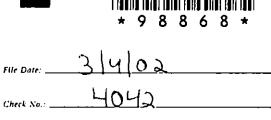
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence. RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

| | 5. State of Incorporation RHODE ISLAND rode Island repair of contr | MENT) FILL IN SPACES BEFO Vice President Name George E. Osborne, Street Address | | 71p 02828 6. SIC Code 0 |
|---|---|--|--|--|
| istness Conducted in Ri 1, sale and OF THE OFFICE | RHODE ISLAND repair of contr RS ("X" BOX FOR ATTACH | Greenvile ol systems MENT) FILL IN SPACES BEFO Vice President Name : George E. Osborne, Street Addicss | RI DRE USING ATTAC | 02828 6. SIC Code 0 |
| t, sale and OF THE OFFICE | RHODE ISLAND repair of contr RS ("X" BOX FOR ATTACH | ol systems MENT) FILL IN SPACES BEFO Vice President Name George E. Osborne, Steet Address | DRE USING ATTAC | 6. SIC Code 0 |
| t, sale and OF THE OFFICE | repair of contr RS ("X" BOX FOR ATTACH | MENT) FILL IN SPACES BEFO Vice President Name George E. Osborne, Street Address | | · |
| OF THE OFFICE | RS (*X* BOX FOR ATTACH | MENT) FILL IN SPACES BEFO Vice President Name George E. Osborne, Street Address | | CHMENTS |
| | Zip | Street Addiess | Jr. | |
| | Zip | • | | |
| RI | • | : 3 Crestwood Drive | State | Zip |
| | 02828 | Blackstone Treasurer Name | MA . | 01504 |
| Jr. | | David A. Martino Sueet Address | | |
| fale | Zip | 3 Crabapple Lane | State | Zip |
| MA OF THE DIRECT | 01504 ORS (*x* HOX FOR ATTAC | : Greenville CHMENT) FILL IN SPACES BE Director Nome | RI FORE USING ATTA | 02828 ACHMENTS |
| | | Street Address | | |
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| ст <u>в</u> ох <u>го</u> к атга <u>сн</u> | MENTI | ~) | OX FOR ATTACHMENT | ⁷ - |
| lass/Series | Par Value | Number of Shares | Class/Series | Par Value |
| | | 300 | common | \$1.00 |
| n ink by cither | the President, Vice P | resident, Secretary, Assistan | Secretary, Treasu | - arer, Receiver or Tr |
| | Jr. MA OF THE DIRECT tate tate ### ### ############################ | RI 02828 Jr. tale Zip MA 01504 OF THE DIRECTORS (*X* HOX FOR ATTAC tale Zip tale Zip tale Zip tale Zip tale Zip tale Zip | RI 02828 Blackstone The assure Name David A. Martino Street Address 3 Crabapple Lane City MA 01504 Greenville OF THE DIRECTORS (*X* HOX FOR ATTACHMENT) FILL IN SPACES BE Director Name Street Address tate Zip City Director Name Street Address tate Zip City City | RI 02828 Blackstone MA Treasurer Name David A. Martino Street Address 3 Crabapple Lane City State MA 01504 Greenville RI OF THE DIRECTORS (*X* HOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT Director Name Street Address tate Zip City State Director Name Street Address 11. SHARES ISSUED (*X* HOX FOR ATTACHMENT ISSUED SHARES Number of Shares Glass/Series |

Title of Officer

♦ 3



FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. David A. Martino Print or Type Name of Officer President

Form 630 12/01

Under penalty of perjury, I declare and affirm that I have examined

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP PEI VAL RE VID

| iling Period: January | 1-March 1 • | Filing Fee: \$50.00 | | <u> </u> | |
|---|-----------------------|--|--|-----------------------|----------------------|
| ORM MUST BE TYPED IN BLA | CK) | | | | |
| Insporate ID No. | 2. Name of Corpore | | | • | |
| 98868 | Northeas | t Motion, Inc. | | | |
| Street Address Principal Business | Office | | City | State | Zip |
| 3 Crabapple L Business Phone No. | ane | 5. State of Incorporation | Greenville | RI | 02828 6. SIC Code |
| 401-231-4441 Brief Description of the Character | of Business Conducted | RHODE ISLAN | ID | | 0 |
| | | e and repair of c TCERS (*X* BOX FOR ATTA | ontrol systems. CHMENT) FILL IN SPACES Vice President Name | BEFORE USING ATTA | CHMENTS |
| David A. Mart | ino | | George E. Osbo Street Address | orne, Jr. | |
| 3 Crabapple I | | | 3 Crestwood Di | | |
| ty | State | 7.1p | City | State | Zip |
| Greenville | RI | 02828 | Blackstone Treasurer Name | MA | 01504 |
| George E. Osb | oorne, JR. | | David A. Marti Street Address | ino | |
| 3 Crestwood D |)rive | • | 3 Crabap o le La | ane | |
| y | State | Zip | City | State | Zip 2 02828 |
| Blackstone | MA | 01504 | Greenville | RI | |
| NAMES AND ADDRES ector Name | SES OF THE DIR | ECTORS ("X" BOX FOR AT | TACHMENT) FILL IN SPAC Director Name | ES BEFORE USING AT | TACHMENTS |
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| ty | State | Zip | City | State | ZIp |
| rector Kame | | | Director Name | | |
| eet Address | | | Street Address | | |
| ty. | State | Zip | City | State | Zip |
| . SHARES AUTHORIZE | D (*X* BOX FOR AT. | FACHMENT) | 11. SHARES ISSUED | (*X* BOX FOR ATTACHME | (דיי |

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

ISSUED SHARES

Number of Shares

300



8,000 \$1.00 PAR VALUE

AUTHORIZED SHARES

Number of Shares

Check No.:

MAR 0 2 2001

By:

FOR SECRETARY OF PASTE 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.

Dant Of hosting 0/27/1

Class/Series

common

David A. Martino

Print or Type Name of Officer

President
Title of Officer

Signature of Officer

Form 630 12/00

Par Value

\$1.00



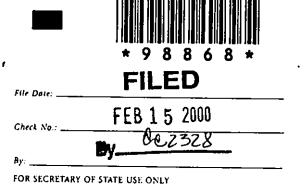
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

| 401-222-3040 |
|-------------------------------------|
| STOP PLEASE READ INSTRUCTIONS |
| INSTRUCTIONS |
| |

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation Northeast Motion, Inc. 3. Street Address Principal Business Office State Zip 3 Crabapple Lane Greenville RI 02828 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401 -231-4441 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island Manufacture, design, sale and repair of control systems. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name David A. Martino George E. Osborne, Jr. Street Address Street Address 3 Crabapple Lane 3 Crestwood Drive Zip Greenville ... RI 02828 Blackstone MA 01504 Treasurer Name George E. Osborne, Jr. David A. Martino Street Address Street Address . 3 Crestwood Drive 3 Crabapple Lane City Zia City State Zip Blackstone 01504 Greenville RI 02828 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS ¹ Director Name Director Name none Street Address Street Address City State City State Zip Director Name Director Name Street Address Street Address City State ZipCliv State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES SSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 8,000 \$1.00 PAR VALUE 300 \$1.00 COMMOR

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



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements coptained herein are true and correct.

| David a. harting | 2/9/00 |
|----------------------|--------|
| Signature of Officer | Date |

| _David | Α. | Martino |
|---------------|------|------------|
| Print or Type | Name | of Officer |

President

Title of Officer



2. Name of Corporation
Northeast Motion, Inc.

(FORM MUST BE TYPED IN BLACK)

98868
3. Street Address Principal Business Office

1. Corporate ID No.

FOR SECRETARY OF

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

City

STOP PITANI READ INVIRECTIONS

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|--|---------------------------------------|--------------------------------|--|---------------------------------------|---------------------------------------|
| 3 Crabapple La | ne | | Greenville | RI | 02828_ |
| I BUODE ICI | | S. State of Incorporation | n | | 6. SIC Code |
| (401) | racter of Rusiness Conducted | : | · · · · · · · · · · · · · · · · · · · | | |
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| NAMES AND ADD | BESSES OF THE OUR | d repair of con | Trol systems ACHMENT) FILL IN SPACES | DEFODE LEINE ATTA | CUMENTS |
| Sident Name | nesses or the orr | ICERS (A BOX FOR ALL | Vice President Name | BETUKE USING ATTA | CUMENTS |
| David A. Martin | no | | : | _ | |
| eet Address | | | Stephen_Buckle | У | |
| Crabapple Lar | ne | | 3_Crabapple_La | . | |
| t) [,] | State | Zip | City | State | Zip |
| Greenville | RI | 02828 | Greenville | | 02828 |
| retary Name | | | Treasurer Name | | |
| tephen Buckley | y | · | David_AMarti | no | |
| cet Addiess | | | Street Address | | |
| Crabapple Lar | | · | 3_Crabapple_La | ne | |
| ty | State | Zip | Clly | State | Zip |
| reenville, | RI | 02828 | Greenville | RI | 02828 |
| NAMES AND ADDI | RESSES OF THE DIR | ECTORS (*X* BOX FOR A | TTACHMENT) TILL IN SPACE | ES BEFORE USING ATT | ACHMENTS |
| | | | Director Name | | |
| lone | | | Street Address | | |
| 11 7 murt 33 | | | Street Vaatess | | |
| <u>, </u> | State | Zip | City | State | Zip |
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| ector Name | ••••••••••••• | ****************************** | Director Name | · · · · · · · · · · · · · · · · · · · | |
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| cet Address | | | Street Address | · | |
|);· | State | | | Table 1 | · · · · · · · · · · · · · · · · · · · |
| , | , 31415 | Zip | City | State | Zip |
| SHARES AUTHOR | IZED (*X* BOX FOR ATT | ACHMENT) | : 11. SHARES ISSUED (| X" BOX FOR ATTACHMEN | 7) |
| THORIZZED SHARES | | | ISSUED SHARIS | | |
| imber of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 8,000 \$1.00 PAR | VALUE | | 300 | common | \$1.00 |
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| is report must be si | i gned in ink by eitl | ner the President. Vic | e President, Secretary, Assi | stant Secretary Treas | urer. Receiver or |
| -p-2-1-171000 00 01 | · · · · · · · · · · · · · · · · · · · | me i resident, vie | c | stant Secretary, meas | arci, neceiver of |
| 118 | | EII IEEI | | | |
| 223 | | | | | _ |
| | | | | | |

this report, including any accompanying schedules and statements, and

that all statements contamed herein are true and correct.

Signature of Officer

Title of Officer

Print or Type Name of Officer
President

David A. Martino