



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 02903-1553  
401 222 3646

**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. 98868  
2. Name of Corporation Northeast Motion, Inc.  
3. Street address Principal Business Office 20 THURBER BOULEVARD, UNIT C City SMITHFIELD State RI Zip 02917-0  
4. Business Phone No. 401 231 4441 5. State of Incorporation RHODE ISLAND 6. SIC Code 0  
7. Brief Description of the Character of Business Conducted in Rhode Island  
THE 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**

President Name David A. Martino Street Address 20 Thurber Blvd. City Smithfield State RI Zip 02917	Vice President Name George E. Osborne, Jr. Street Address 3 Crestwood Drive City Blackstone State MA Zip 01504
Secretary Name George E. Osborne, Jr. Street Address 3 Crestwood Drive City Blackstone State MA Zip 01504	Treasurer Name David A. Martino Street Address 20 Thurber Blvd. City Smithfield State RI Zip 02917

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

Director Name None Street Address City State Zip	Director Name Street Address City State Zip
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**10. SHARES AUTHORIZED (X" BOX FOR ATTACHMENT) ☐**

AUTHORIZED SHARES	Class Series	Par Value
Number of Shares		
8,000	\$1.00	PAR VALUE

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

ISSUED SHARES	Class Series	Par Value
Number of Shares		
300	COMMON	\$1.00

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



9 8 8 6 8

\*98868 DBC 02/03/05 04:45:20 PM\*

File Date 2/14/05

Check No 7121

By W.

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 David A. Martino 2/8/05  
Date  
David A. Martino  
Print or Type Name of Officer  
President  
Title of Officer



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

Matthew A. Brown, Secretary of State  
Corporations Division  
116 North Main Street, Providence, RI 02903-1333  
401-222-3640

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 98868 2. Name of Corporation Northeast Motion, Inc.  
3. Street Address Principal Business Office 20 THURBER BOULEVARD, UNIT C City SMITHFIELD State RI Zip 02917-  
4. Business Phone No. 401-231-4441 5. State of Incorporation RHODE ISLAND 6. SIC Code 0  
7. Brief Description of the Character of Business Conducted in Rhode Island  
THE 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**

President Name David A. Martino Vice President Name George E. Osborne, Jr.  
Street Address 20 Thurber Blvd. Street Address 3 Crestwood Dr.  
City Smithfield State RI Zip 02917 City Blackstone State MA Zip 01504  
Secretary Name George E. Osborne, Jr. Treasurer Name David A. Martino  
Street Address 3 Crestwood Drive Street Address 20 Thurber Blvd.  
City Blackstone State MA Zip 01504 City Smithfield State RI Zip 02917

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

Director Name None 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) ☐**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
8,000 \$1.00 PAR VALUE

**11. SHARES ISSUED (X BOX FOR ATTACHMENT) ☐**

ISSUED SHARES  
Number of Shares Class/Series 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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\*98868 DBC 01/09/04 11:10:58 AM\*  
File Date 1/29/04  
Check No. KMC/5716  
By KMC  
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 David A. Martino Date 1/26/04  
David A. Martino  
Print or Type Name of Officer  
President  
Title of Officer  
Form 650 12-01



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

Matthew A. Brown, Secretary of State  
Corporations Division  
196 North Main Street, Providence, RI 02903-1335  
401 222 3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No \*98868\* 2 Name of Corporation Northeast Motion, Inc.  
3 Street Address Principal Business Office 3 CRABAPPLE LANE  
City GREENVILLE State RI Zip 02828  
4 Business Phone No 401 231 4441 5 State of Incorporation RHODE ISLAND  
6 SIC Code C  
7 Brief Description of the Character of Business Conducted in Rhode Island  
THE 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**

President Name David A. Martino Street Address 3 Crabapple Lane City Greenville State RI Zip 02828 Secretary Name George E. Osborne, Jr. Street Address 3 Crestwood Drive City Blackstone State MA Zip 01504	Vice President Name George E. Osborne, Jr. Street Address 3 Crestwood Drive City Blackstone State MA Zip 01504 Treasurer Name David A. Martino Street Address 3 Crabapple Lane City Greenville State RI Zip 02828
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**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name None Street Address City State Zip	Director Name Street Address City State Zip
---	---

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
8,000 \$1.00 PAR VALUE

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

ISSUED SHARES  
Number of Shares Class/Series 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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\*\*98868\* 2/12/03 2:37:14 PM\*  
FILED  
File Date  
Check No MAR 05 2003  
By 4830 O/E  
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 David A. Martino Date 2-17-03  
David A. Martino  
Print or Type Name of Officer  
President  
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>98868</b>		2. Name of Corporation <b>Northeast Motion, Inc.</b>			
3. Street Address Principal Business Office <b>3 Crabapple Lane</b>		City <b>Greenville</b>	State <b>RI</b>		
4. Business Phone No. <b>401-231-4441</b>		5. State of Incorporation <b>RHODE ISLAND</b>	Zip <b>02828</b>		
6. SIC Code <b>0</b>					
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Manufacture, design, sale and repair of control systems</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <b>David A. Martino</b>		Vice President Name <b>George E. Osborne, Jr.</b>			
Street Address <b>3 Crabapple Lane</b>		Street Address <b>3 Crestwood Drive</b>			
City <b>Greenville</b>	State <b>RI</b>	City <b>Blackstone</b>	State <b>MA</b>		
Zip <b>02828</b>		Zip <b>01504</b>			
Secretary Name <b>George E. Osborne, Jr.</b>		Treasurer Name <b>David A. Martino</b>			
Street Address <b>3 Crestwood Drive</b>		Street Address <b>3 Crabapple Lane</b>			
City <b>Blackstone</b>	State <b>MA</b>	City <b>Greenville</b>	State <b>RI</b>		
Zip <b>01504</b>		Zip <b>02828</b>			
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name <b>None</b>		Director Name			
Street Address		Street Address			
City	State	City	State		
Zip		Zip			
Director Name		Director Name			
Street Address		Street Address			
City	State	City	State		
Zip		Zip			
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES		ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000</b>	<b>\$1.00 PAR VALUE</b>		<b>300</b>	<b>common</b>	<b>\$1.00</b>

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



\* 9 8 8 6 8 \*

File Date: 3/4/02

Check No.: 4042

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.

David A. Martino 3/25/02  
Signature of Officer Date

David A. Martino  
Print or Type Name of Officer

President  
Title of Officer



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: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

98868

2. Name of Corporation

Northeast Motion, Inc.

3. Street Address Principal Business Office

3 Crabapple Lane

City

Greenville

State

RI

Zip

02828

4. Business Phone No.

401-231-4441

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

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

President Name

David A. Martino

Street Address

3 Crabapple Lane

City

Greenville

State

RI

Zip

02828

Secretary Name

George E. Osborne, JR.

Street Address

3 Crestwood Drive

City

Blackstone

State

MA

Zip

01504

Vice President Name

George E. Osborne, Jr.

Street Address

3 Crestwood Drive

City

Blackstone

State

MA

Zip

01504

Treasurer Name

David A. Martino

Street Address

3 Crabapple Lane

City

Greenville

State

RI

Zip

02828

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

Director Name

None

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 \$1.00 PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

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



\* 9 8 8 6 8 \*

File Date: \_\_\_\_\_

Check No.: \_\_\_\_\_

MAR 02 2001

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.

David A. Martino 2/27/01  
Signature of Officer Date

David A. Martino  
Print or Type Name of Officer

President  
Title of Officer

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

98868

Northeast Motion, Inc.

3. Street Address Principal Business Office

3 Crabapple Lane

4. Business Phone No.

401-231-4441

5. State of Incorporation

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

President Name

David A. Martino

Street Address

3 Crabapple Lane

City

State

Zip

Greenville RI

Secretary Name

George E. Osborne, Jr.

Street Address

3 Crestwood Drive

City

State

Zip

Blackstone MA 01504

City

State

Zip

Greenville

RI

02828

6. SIC Code

Vice President Name

George E. Osborne, Jr.

Street Address

3 Crestwood Drive

City

State

Zip

Blackstone

MA

01504

Treasurer Name

David A. Martino

Street Address

3 Crabapple Lane

City

State

Zip

Greenville

RI

02828

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

Director Name

none

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 \$1.00 PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

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



\* 9 8 8 6 8 \*

FILED

File Date: FEB 15 2000

Check No.: 002328

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.

[Signature of David A. Martino]

Signature of Officer

2/9/00

Date

David A. Martino

Print or Type Name of Officer

President

Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>98868</b>		2. Name of Corporation <b>Northeast Motion, Inc.</b>			
3. Street Address Principal Business Office <b>3 Crabapple Lane</b>			City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>
4. Business Phone No. <b>(401)</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. SIC Code					
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Manufacture, design, sale and repair of control systems</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>David A. Martino</b>			Vice President Name <b>Stephen Buckley</b>		
Street Address <b>3 Crabapple Lane</b>			Street Address <b>3 Crabapple Lane</b>		
City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>
Secretary Name <b>Stephen Buckley</b>			Treasurer Name <b>David A. Martino</b>		
Street Address <b>3 Crabapple Lane</b>			Street Address <b>3 Crabapple Lane</b>		
City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>None</b>			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
<b>8,000</b>	<b>\$1.00 PAR VALUE</b>		<b>300</b>	<b>common</b>	<b>\$1.00</b>

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



\* 9 8 8 6 8 \*

File Date: **FILED**  
Check No. **\*1 FEB 05 1999**  
By: **By [Signature] 1603**  
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.

**David A. Martino** 1-30-99  
Signature of Officer Date

**David A. Martino**  
Print or Type Name of Officer

**President**  
Title of Officer