



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. 121169		2. Name of Corporation C & E Engineering Partners, Inc.			
3. Street Address Principal Business Office 342 PARK AVENUE			City WOONSOCKET	State RI	Zip 02895-
4. Business Phone No. 4017621711		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO ESTABLISH A CIVIL/ENVIRONMENTAL ENGINEERING CONSULTING FIRM					
8. NAMES AND ADDRESSES OF THE OFFICERS (EX-BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas B. Nicholson			Vice President Name Russell L. Houde, Jr.		
Street Address 29 Fisher Street			Street Address P.O. Box 1042		
City E. Providence	State RI	Zip 02914	City Slatersville	State RI	Zip 02876
Secretary Name Jonathan S. Gerhard			Treasurer Name Russell L. Houde, Jr.		
Street Address 342 Park Avenue			Street Address same as above		
City Woonsocket	State RI	Zip 02895	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (EX-BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Thomas B. Nicholson			Director Name Russell L. Houde, Jr.		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Director Name Jonathan S. Gerhard			Director Name N/A		
Street Address same as above			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (EX-BOX FOR ATTACHMENT) []					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			0		

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



1 2 1 1 6 9

121169 DBC 02/05/04 03:52:17 PM

File Date 1-19-05

Check No. 1402

By 2

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 [Signature] Date 1-31-05
Thomas B. Nicholson
Print or Type Name of Officer
President
Title of Officer

Form 630 12/01



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 2004

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8. NAMES AND ADDRESSES OF THE OFFICERS (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas B. Nicholson			Vice President Name Russell L. Houde, Jr.		
Street Address 29 Fisher Street			Street Address P.O. Box 1042		
City E. Providence	State RI	Zip 02914	City Slatersville	State RI	Zip 02876
Secretary Name Jonathan S. Gerhard			Treasurer Name Russell L. Houde, Jr.		
Street Address 342 Park Avenue			Street Address same as above		
City Woonsocket	State RI	Zip 02895	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Thomas B. Nicholson			Director Name Russell L. Houde, Jr.		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Director Name Jonathan S. Gerhard			Director Name N/A		
Street Address same as above			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			0		

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



1 2 1 1 6 9

121169 DBC 02/05/04 03:52:17 PM

File Date 2-27-04

Check No. 784

By: ICP

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
Date 2-18-04
Thomas B. Nicholson
Print or Type Name of Officer
President
Title of Officer

Form 630 12/01



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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No *121169*		2. Name of Corporation C & E Engineering Partners, Inc.			
3. Street Address Principal Business Office 342 PARK AVE		City WOONSOCKET	State RI	Zip 02895-	
4. Business Phone No 4017621711		5. State of Incorporation RHODE ISLAND			
7. Brief Description of the Character of Business Conducted in Rhode Island TO ESTABLISH A CIVIL/ENVIRONMENTAL ENGINEERING CONSULTING FIRM					
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas B. Nicholson		Vice President Name Russell L. Houde, Jr.			
Street Address 29 Fisher Street		Street Address P.O. Box 1042			
City E. Providence	State RI	Zip 02914	City Slatersville	State RI	Zip 02876
Secretary Name Thomas B. Nicholson		Treasurer Name Russell L. Houde, Jr.			
Street Address same as above		Street Address same as above			
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Thomas B. Nicholson		Director Name Russell L. Houde, Jr.			
Street Address same as above		Street Address same as above			
City	State	Zip	City	State	Zip
Director Name N/A		Director Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	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
600 NO PAR VALUE			0		

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



**121169* 1/21/03: 121169*

FILED

File Date **JAN 21 2003**

Check No.

By **GBA 31028**

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

Thomas B. Nicholson

Print or Type Name of Officer

President

Title of Officer

Date

Form 630 12/01



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 02903-1333
401-222-3044



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.

121169

2. Name of Corporation

C & E Engineering Partners, Inc.

3. Street Address Principal Business Office

342 Park Avenue

City

Woonsocket

State

RI

Zip

02895

4. Business Phone No.

(401) 762-1711

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7518

7. Brief Description of the Character of Business Conducted in Rhode Island

civil/environmental engineering consulting firm

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Thomas B. Nicholson

Street Address

29 Fisher Street

City

E. Providence

State

RI

Zip

02914

Secretary Name

Thomas B. Nicholson

Street Address

same as above

City

State

Zip

Vice President Name

Russell L. Houde, Jr.

Street Address

P.O. Box 1042

City

Slatersville

State

RI

Zip

02876

Treasurer Name

Russell L. Houde, Jr.

Street Address

same as above

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Thomas B. Nicholson

Street Address

same as above

City

State

Zip

Director Name

Russell L. Houde, Jr.

Street Address

same as above

City

State

Zip

Director Name

N/A

Street Address

City

State

Zip

Director Name

N/A

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

0

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



* 1 2 1 1 6 9 *

File Date:

1-15-02

Check No.

111

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 Officer

Date

Thomas B. Nicholson

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01