

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

| 1. Corporate ID No. | 2. Name of Corpor | | | | ······································ | |
|--|---|---------------------------|--|--|--|--|
| 121169 | C & E Engin | eering Partners, Inc | c. | | , | |
| 3. Street Address Principal Bu | | | City | State | Zıp | |
| 342 PARK AVENUE | | | WOONSOCKET | RI | 02895- | |
| . Business Phone No. | | 5. State of Incorpor | | 1 | 6. SIC Code | |
| 4017621711 | | RHODE ISLA | | | | |
| 7. Brief Description of the Ch | aracter of Business Con | ducted in Rhode Island | | | | |
| TO ESTABLISH A CIV | /IL/ENVIRONMENT | AL ENGINEERING | CONSULTING FIRM | | | |
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| resident Name | | Addition (Section 1) | Vice President Name | | | |
| Thomas B. Nichol | son | | · Russell L. Houde, Jr. | | | |
| Street Address | | | Street Address | | | |
| 29 Fisher Street | | | P.O. Box 1042 | r | | |
| City | State | Zip | City | State | Zip | |
| E. Providence | RI | 02914 | Slatersville | RI | 02876 | |
| ecretary Name | , | , | Treasurer Name | | • | |
| Jonathan S. Gerh | ard | • | Russell L. Houd | le, Jr. | | |
| ireet Address | | | * Street Address | | | |
| 342 Park Avenue | | • | .same as above | | | |
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| Thomas B. Nichol | BOD · | | Russell L. Houde, Jr. | | | |
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| Director Name | - 1- 4 | | Director Name | | | |
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President

Title of Officer



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Screet, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

| Filing Period: January 1 | | Filing Fee: \$50.00 | | | | |
|--|---------------------------------------|--|---|---------------------------|---------------------------|--|
| FORM MUST BE TYPED IN | | | | | | |
| I. Corporate ID No. 121169 | 2. Name of Co | | _ | | , | |
| 3. Street Address Principal Bu | | gineering Partners, Inc | | ., | | |
| 342 PARK AVENUE | siness Office | | City | State | Ζίρ | |
| 4. Business Phone No. | | | WOONSOCKET | RI | 02895- | |
| 4017621711 | | 5. State of Incorpor | | | 6. SIC Code | |
| | | RHODE ISLA | ANU | | | |
| 7. Brief Description of the Cho TO BSTABLISH A CIV | Tracter of Business (IL/ENVIRONME | Conducted in Rhode Island INTAL ENGINEERING (| CONSULTING PIRM | | | |
| & NAMES AND ADDRE | SSES OF THE C | FFICERS (TXF BOX FO) | ATTACHMENT) FILL IN SPA | ACES BEFORE USING | ATTACHMENTS | |
| President Name Thomas B. Nicholi | | | Vice President Name | | | |
| Street Address | BOIL | | Russell L. Houd | e, Jr. | | |
| 29 Fisher Street | | | Street Address | | | |
| City | 10-4- | 19. | P.O. Box 1042 | <u></u> | | |
| E. Providence | State RI | Zip | City | State | Zip | |
| ecretary Name | .!** | 02914 | · Slatersville | RI | 02876 | |
| Jonathan S. Gerha | erd | | Russell L. Houd | o Jr | | |
| Street Address | | | Street Address | -, -, - | | |
| 342 Park Avenue | | | .same as above | • | | |
| City | State | Zip | | State | 12, | |
| Woonsocket | RI | 02895 | City | State | Zip | |
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| Director Name | SSES OF STREET | TABLE TORS (Nº BOX F | ATTACHMENT) DIFILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| Thomas B. Nichol: | son | | 'Russell L. Houde, Jr. | | | |
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| same as above | | | same as above | | | |
| City | State | 17:- | | State | 12: | |
| City | Diane | Zip | · City | State | Zip | |
| Director Name Jonathan S. Gerha Street Address same as above | ard | | Director Name N/A Street Address | | | |
| City | State | Zip | City | State | Zip | |
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| This report must be sign | ted in ink by ei | ther the President. Vic | e President, Secretary, Assis | tant Secretary Trea | surer Receiver of Truste | |
| , | | | | <i></i> | warer, Medelfer Of 118318 | |
| 1 2 1 | | | Under penalty of per | jury, I declare and affin | to that I have examined | |
| - | | | this report, including | any accompanying sch | redules and statements, | |
| *121169 DBC 02/05/0 | 04 03:52:17 PM | /• | and that all statement | contained herein are | true and correct. | |
| File Date 0 | 77 MA | | 10/10 | / -, | 2-12-04 | |
| - 0.) | | | Signate of Officer | ا سس | | |
| Check No. 7 Y 4 | | | | Nicholoon | Date | |
| 1110 | | - | Thomas B. I | | | |
| By: | | | Print or Type Name of | OJJi cer | | |
| FOR SECRETARY OF STAT | E USE ONTV | _ | President | | | |
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Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222 3040

| Filing Period: January FORM MUST BE TYPED | | • | | | | |
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| 1. Corporate ID No | 2. Name of Corpo | | | | | |
| *121169* | | eering Partners, Ind | c. | | | |
| 3. Street Address Principal I | Business Office | | City | State | Zip | |
| 342 PARK AVE | | | WOONSOCKET | RI | 02895- | |
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| 4017621711 | | RHODE ISLA | AND | | | |
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| TO ESTABLISH A CI | | | | | | |
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| r resident Hame | | | Vice President Name | | | |
| Thomas B. Nicho | ISOn | · | Russell L. Houd | le, Jr. | | |
| <i>Sieel Address</i> 29 Fisher Stree | _ | | Street Address | | | |
| | | | P.O. Box 1042 | | | |
| City E. Providence | State | Zıp | City | State | Ζφ | |
| ecretary Name | RI | 02914 | Slatersville | RI | :02876 | |
| Thomas B. Nicho | lson | | Tréasurer Name Russell L. Houd | a Tr | | |
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| Director Name | | and Mary C | Director Name | STATES BELUKEUSING | AUAURWENIS | |
| Thomas B. Nicho | lson | | 'Russell L. Houd | le Jr | | |
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| This report must be si | gned in ink by eith | er the President, Vic | ce President, Secretary, Assi. | stant Secretary, Treas | urer, Receiver or Tru | |
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| | | | and that existence | g my accompanying sche nts contained herein are to | edules and statements, | |
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| **121169* 1/10/43 | _ | 1 | X / / | | | |
| File Date | | <u> </u> | | | 1/50/05 | |
| File Date | 2 1 2003 | - | Signafue of Officer | 1 | 1/30/03 | |
| | 2 1 2003 | _ | | Nicholson | | |
| Check No. JAN 2 | 2 1 2003 NA 310 328 | - | Thomas B. | | | |
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Edward S. Inman, III. Secretary of Sta

Corporations Division 100 North Main Street, Providence, RI 02903-132 401-222-304

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

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|---|----------------------------------|--------------------------|--|------------------|---------------------|
| 1 Corporate ID No | 2 Name of Corpora | | | | |
| 121169 3 Street Address Principal Business | C & E Engine | eering Partners, Inc. | Cata | State | 4 |
| 342 Park Avenue | Silver. | | Gity | | Zip |
| 4. Business Phone No | | 5 State of Incorporation | Woonsocket | RI | 02895 6 SIC Code |
| (401) 762-1711 7 Brief Description of the Character | of Business Conducted i | RHODE ISLAND | | | 7518 |
| civil/environmer 8. NAMES AND ADDRES President Nume | ntal engineer SES OF THE OFFI | ing consulting fi | LYIG FMENT) FILE IN SPACES BEF Vice President Name | ORE USING ATTA | CHMENTS |
| Thomas B. Nichol | lson | | Russell L. Houde, | Jr. | |
| 29 Fisher Street | : | | P.O. Box 1042 | | |
| City | State | Zip | City | State | Zip |
| E. Providence Secretary Name | RI | 02914 | Slatersville Treasurer Name | RI | 02876 |
| Thomas B. Nichol | lson | | Russell L. Houde, | Jr. | |
| same as above | State | Zip | same as above | State | Zip |
| 9. NAMES AND ADDRES | SES OF THE DIRE | CTORS ("X" BOX FOR ATTA | | EFORE USING ATT | ACHMENTS |
| Thomas B. Nichol | lson | | Russell L. Houde, | Jr. | |
| same as above | | | same as above | | |
| Си | State | Zip | City. | State | Zip |
| Director Name | | | Director Name | | |
| N/A Street Address | | | N/A Street Address | | |
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| 10. SHARES AUTHORIZEI AUTHORIZED SHARES | D ("X" BOX FOR ATTA | ACHMENT) | 11. SHARES ISSUED ("X" B | OX FOR ATTACHMEN | T) |
| 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 Truste

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| File Date: | 1-15-02 |
| Check No : | |
| By: | RY OF STATE USE ONLY |

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| <u>.</u> . | perjury. I declare and affir lyng any accompanying sch | |
| | s contained herein are true | |
| Signature Office |) - h | Date |
| Thomas B. Print or Type Name of | | |
| Preside <u>nt</u> | | |

Form 630 12/01