



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 94774		2. Name of Corporation RPMS CONSULTING ENGINEERS, P.C.			
3. Street Address Principal Business Office 1 Rossmoor Drive, Suite 300			City Monroe Township	State NJ	Zip 08831
4. Business Phone No. (609) 655-9292		5. State of Incorporation NEW JERSEY		6. SIC Code 7518	
7. Brief Description of the Character of Business Conducted in Rhode Island ENGINEERING SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert P. Perla			Vice President Name		
Street Address 39 Lake Drive			Street Address		
City No. Brunswick	State NJ	Zip 08902	City	State	Zip
Secretary Name Robert L. Steiger			Treasurer Name Robert L. Steiger		
Street Address 105 Woodview Drive			Street Address 105 Woodview Drive		
City Belle Mead	State NJ	Zip 08502	City Belle Mead	State NJ	Zip 08502
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert P. Perla			Director Name Robert L. Steiger		
Street Address 39 Lake Drive			Street Address 105 Woodview Drive		
City North Brunswick	State NJ	Zip 08902	City Belle Mead	State NJ	Zip 08502
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			600	common	no par value

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



File Date 2-14-05
Check No. 1266
By: RB
FOR SECRETARY OF STATE USE ONLY

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

Robert P. Perla 2-9-05
Signature of Officer Date
Robert P. Perla
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
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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Street Address 39 Lake Drive			Street Address		
City N. Brunswick	State NJ	Zip 08902	City	State	Zip
Secretary Name Robert L. Steiger			Treasurer Name Robert L. Steiger		
Street Address 105 Woodview Drive			Street Address 105 Woodview Drive		
City Belle Mead	State NJ	Zip 08502	City Belle Mead	State NJ	Zip 08502
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert P. Perla			Director Name Robert L. Steiger		
Street Address 39 Lake Drive			Street Address 105 Woodview Drive		
City N. Brunswick	State NJ	Zip 08902	City Belle Mead	State NJ	Zip 08502
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
1,000 NO PAR VALUE			600	common	no par value

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



* 9 4 7 7 4 *

File Date 2-27-04

Check No. 1212

By: RP

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] 2-26-04
Signature of Officer Date

Robert P. Perla
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **94774**
2. Name of Corporation **RPMS CONSULTING ENGINEERS, P.C.**
3. Street Address Principal Business Office
1 Rossmoor Drive, Suite 300
4. Business Phone No **(609) 655-9292**
5. State of Incorporation **NEW JERSEY**

City **Monroe Township** State **NJ** Zip **08831**
6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island
to provide engineering services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Robert P. Perla**
Street Address
39 Lake Drive
City **N. Brunswick** State **NJ** Zip **08902**

Vice President Name
Street Address
City State Zip
Treasurer Name **Robert L. Steiger**
Street Address
105 Woodview Drive
City **Belle Mead** State **NJ** Zip **08502**

Secretary Name **Robert L. Steiger**
Street Address
105 Woodview Drive
City **Belle Mead** State **NJ** Zip **08502**

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

Director Name **Robert P. Perla**
Street Address
39 Lake Drive
City **N. Brunswick** State **NJ** Zip **08902**

Director Name **Robert L. Steiger**
Street Address
105 Woodview Drive
City **Belle Mead** State **NJ** Zip **08502**

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000	NO PAR VALUE	

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

ISSUED SHARES	Class/Series	Par Value
600	common	no par value

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



* 9 4 7 7 4 *

File Date: **FILED**
FEB 27 2003
Check No.:
By: **1178**

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 **2-24-03**

Robert P. Perla
Print or Type Name of Officer

President
Title of Officer



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. **94774** 2. Name of Corporation **RPMS CONSULTING ENGINEERS, P.C.**
3. Street Address Principal Business Office
1 Rossmoor Dr, Suite 300 City **Monroe Township** State **New Jersey** Zip **08831**
4. Business Phone No. **(609) 655-9292** 5. State of Incorporation **NEW JERSEY** 6. SIC Code **7518**
7. Brief Description of the Character of Business Conducted in Rhode Island
to provide engineering services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Robert P. Perla					
Street Address			Street Address		
39 Lake Drive					
City	State	Zip	City	State	Zip
N. Brunswick	NJ	08902			
Secretary Name			Treasurer Name		
Robert L. Steiger			Robert L. Steiger		
Street Address			Street Address		
105 Woodview Drive			105 Woodview Drive		
City	State	Zip	City	State	Zip
Bellemead	NJ	08502	Bellemead	NJ	08502

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

Director Name			Director Name		
Robert P. Perla			Robert L. Steiger		
Street Address			Street Address		
39 Lake Drive			105 Woodview Drive		
City	State	Zip	City	State	Zip
N. Brunswick	NJ	08902	Bellemead	NJ	08502
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
1,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
600 common no par value

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



* 9 4 7 7 4 *

File Date: 2-19-02
Check No.: 1091
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all attachments contained herein are true and correct.
Signature of Officer: [Signature] Date: 2-14-02
Robert P. Perla
Print or Type Name of Officer
President
Title of Officer



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. **94774** 2. Name of Corporation **RPMS CONSULTING ENGINEERS, P.C. THE NAME IN RI:RPMS Consulting E**
 3. Street Address Principal Business Office **1 Rossmoor Dr, Suite 300** City **Monroe Township** State **New Jersey** Zip **08831**
 4. Business Phone No. **(609) 655-9292** 5. State of Incorporation **NEW JERSEY** 6. SIC Code **7518**
 7. Brief Description of the Character of Business Conducted in Rhode Island
to provide engineering services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Robert P. Perla			Vice President Name		
Street Address 39 Lake Drive			Street Address		
City N. Brunswick	State NJ	Zip 08902	City	State	Zip
Secretary Name Robert L. Steiger			Treasurer Name Robert L. Steiger		
Street Address 105 Woodview Drive			Street Address 105 Woodview Drive		
City Bellemead	State NJ	Zip 08502	City Bellemead	State NJ	Zip 08502

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

Director Name Robert P. Perla			Director Name Robert L. Steiger		
Street Address 39 Lake Drive			Street Address 105 Woodview Drive		
City N. Brunswick	State NJ	Zip 08902	City Bellemead	State NJ	Zip 08502
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
1,000 NO PAR VALUE

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

ISSUED SHARES
 Number of Shares Class/Series Par Value
600 common no par value

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



94774

File Date: 2/16
 Check No.: 1010
 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] 2-13-01
 Signature of Officer Date
Robert P. Perla
 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 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **94774** 2. Name of Corporation **RPMS CONSULTING ENGINEERS, P.C.**THE NAME IN RI:RPMS Consulting Eng**

3. Street Address Principal Business Office **1 Rossmoor Drive Suite 300** City **Jamesburg** State **NJ** Zip **08831**
4. Business Phone No. **(609) 655-9292** 5. State of Incorporation **NEW JERSEY** 6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island
to provide engineering services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Robert P. Perla	Vice President Name
Street Address 39 Lake Drive	Street Address
City State Zip N. Brunswick NJ 08902	City State Zip
Secretary Name Robert L. Steiger	Treasurer Name Robert L. Steiger
Street Address 105 Woodview Drive	Street Address 105 Woodview Drive
City State Zip Bellemead NJ 08502	City State Zip Bellemead NJ 08502

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

Director Name Robert P. Perla	Director Name
Street Address 39 Lake Drive	Street Address
City State Zip N. Brunswick NJ 08902	City State Zip
Director Name Robert L. Steiger	Director Name
Street Address 105 Woodview Drive	Street Address
City State Zip Bellemead NJ 08502	City State Zip

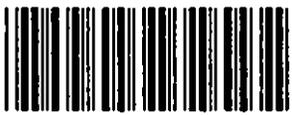
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
600 common no par value

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



* 9 4 7 7 4 *

File Date: 2-4-00
Check No.: 16593
By: AMP

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 1-27-00
Print or Type Name of Officer Robert P. Perla
Title of Officer President

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)



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3. Street Address Principal Business Office **1 Rossmoor Drive Suite 300** City **Jamesburg** State **NJ** Zip **08831**

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Director Name Robert P. Perla Street Address 39 Lake Drive City State Zip N. Brunswick NJ 08902	Director Name Street Address City State Zip
Director Name Robert L. Steiger Street Address 105 Woodview Drive City State Zip Bellemead NJ 08502	Director Name Street Address City State Zip

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

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

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

Number of Shares	Class/Series	Par Value
600	COMMON	no par value

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



File Date: Feb 9, 99
 Check No.: 27309
 By: [Signature]

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] Date _____
 Robert P. Perla
 Print or Type Name of Officer President
 Title of Officer _____

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **94774** 2. Name of Corporation **RPMS CONSULTING ENGINEERS, P.C.**THE NAME IN RI:RPMS Consulting Engineers,**
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Director Name Robert P. Perla Street Address 39 Lake Drive City State Zip N. Brunswick NJ 08902	Director Name Street Address City State Zip
Director Name Robert L. Steiger Street Address 105 Woodview Drive City State Zip Bellemead NJ 08502	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	600	COMMON	no par value

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



File Date: 3-2-98
Check No.: 16226
By: RP

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 2/25/98
ROBERT P. PERLA
Print or Type Name of Officer
PRESIDENT
Title of Officer