



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 02903-1535
(401) 222-3940

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. 90278		2. Name of Corporation Mason & Associates, Inc.			
3. Street Address Principal Business Office 771 Plainfield Pike		City North Scituate		State RI	Zip 02857
4. Business Phone No. (401) 647-3835		5. State of Incorporation RHODE ISLAND			6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE ENVIRONMENTAL CONSULTING AND PROJECT SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Christopher Mason			Vice President Name		
Street Address 771 Plainfield Pike			Street Address		
City North Scituate	State RI	Zip 02857	City	State	Zip
Secretary Name Christopher Mason			Treasurer Name Christopher Mason		
Street Address 771 Plainfield Pike			Street Address 771 Plainfield Pike		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Christopher Mason			Director Name		
Street Address 771 Plainfield Pike			Street Address		
City North Scituate	State RI	Zip 02857	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
1,200 NO PAR VALUE			100	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	FILED
Check No	FEB 08 2005
By	By 114 QDA
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.

Christopher Mason 1/31/05
Signature of Officer Date
Christopher Mason
Print or Type Name of Officer
President
Title of Officer



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* 9 0 2 7 8 *

File Date 3/29/04
Check No. 6321
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 [Signature] Date 3/1/04

Christopher Mason

Print or Type Name of Officer

President

Title of Officer