

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.

401,222,3010

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)

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Gorperate ID No 90278	2 Name of Corporation Mason & Associates, Inc.						
	1	Sociates, inc.	Ta.	State	Zφ		
; Street Address Principal Business Office 771 Plainfield Pike		North Scituate	RI	02857			
Husmass Phone No	PIKE	5 State of Incorporation	North Screake	1 1/1	5 SIC Code		
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(401) 647–3835 RHODE ISLAND Brief Description of the Character of Business Conducted in Rhode Island				7286			
TO PROVIDE ENVIRONM	MENTAL CONSUL	TING AND PROJECT SER	VICES.		!		
. NAMES AND ADDRESSES	OF THE OFFICE	RS: ("X" BOX FOR ATT	ACHMENT)	CES BEFORE USING	G ATTACHMENTS		
President Name			Vice President Name				
Christopher Mas	son						
street Address			Street Address		 .		
771 Plainfield	Pike		•				
in)	State	Z.p	City	State	Zφ		
North Scituate	RI	02857			•		
Secretary Name			: Treasurer Name				
Christopher Ma	ason		Christopher M	Christopher Mason			
Street Address			Street Address				
771 Plainfield	l Pike		771 Plainfiel	771 Plainfield Pike			
lu _V	State	Zifi	Ctt	State	Z1p		
orth Scituate	RI	02857	North Scituate	RI	02857		
. NAMES AND ADDRESSES	OF THE DIRECT	ORS: ("X" BOX FOR A	<i>TTACHMENT)</i> ["] FILL IN SI	PACES BEFORE USI	NG ATTACHMENTS		
Director Name			Director Name				
Christopher N	1ason				·		
Street Address			Street Address				
771 Plainfiel	<u>ld Pike</u>			•			
$\mathcal{I}u_1$	State	Zip	City	State	Zup		
North Scituate	RI	02857					
Director Name			Director Name				
				<u></u>			
Street Address			Street Address				
	Le		200	State			
20)	State	Zιp	City	State	Zφ		
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10. SHARES AUTHORIZED	LA BUXTUKA	IIIACHMENI) [BUA FUR MITAUF	ENERGY E.J.		
AUTHORIZED SHARES	-2 - 1 -	Par Value	ISSUED SHARES Number of Shares	Glass/Series	Par Value		
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1,200 NO PAR VALUE		100	Common	no per us			
•			100	common	no par va		
			I	i			
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File Date	FILED——
Check No	FEB 0 8-2005
Ву:	FOR SECRETARY OF STATE US OF S

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

Signature of Officer

Christopher Mason

Print or Type Name of Officer

President

Tule 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

Matthew A. B	rown, Secretary of S	tate		,	401.222 3040
PROFIT CORPOR	ATION ANN	UAL RÉPORT	FOR THE YEAR	2004	
Filing Period: January 1 - Me			TON THE TENT		ī
(FORM MUST BE TYPED OR PRIN	.,	_			
1. Curporate ID No.	2. Name of Corporation		· · · · · · · · · · · · · · · · · · ·		·
90278	Mason & Associa	ites. Inc.			
3. Street Address Principal Business O	1		City	State	Zip
771 Plainfield	Pike		North Scituate	RI	02857
4 Business Phone No.	<u> </u>	5. State of Incorporation	-		G. SIC Code
(401) 647-3835 RHODE ISLAND		<u>-</u>	7286		
7 Brief Description of the Chamcter of TO PROVIDE ENVIRONM	f Business Conducted in Ri	hode Island SAND DDA IECT SEDVI			
					m. c
8. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) FILL IN SPAC 	CES BEFORE USING AT	IACHMENIS
			Vice Presugni Name		
Christopher Mas	on		Street Address	<u>-</u>	:
771 Plainfield	Pike		Sirect Address		:
City	State	Zip	City	State	Zip
North Scituate	RI	02857	<u>;</u>	ļ	<u> </u>
Secretary Name			Treasurer Name		·
Christopher Mas	on		Christopher Ma	son	
Street Address			Street Address		ı
771 Plainfield	Pike	· · · · · · · · · · · · · · · · · · ·	771 Plainfield	· · · · · · · · · · · · · · · · · · ·	
City	State	Zip	City	State	Zip
North Scituate	RI	02857	North Scituate	RI	02857
9. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR:	S: ("X" BOX FOR ALL	ACHMENT) FILL IN SP	ACES BEFORE USING	A) IACRMENTS
Christopher Mas	0 D		Director Name		;
Street Address			Street Address		· · · · · · · · · · · · · · · · · · ·
771 Plainfield	Pike				
City	State	Zip	City	State	Zip
North Scituate	RI	02857			
Director Name	<i>*</i> ······	4	Director Name	••••••	• • • • • • • • • • • • • • • • • • • •
Street Address			Street Address		
City	State	Zip	City	State	Zip
د.ب	Jane		3		
10. SHARES AUTHORIZED	I ("X" BOX FOR ATTA	I CHMENT) □	: 11. SHARES ISSUED ("X"	 BOX FOR ATTACHME	\ VT) [
AUTHORIZED SHARES	`	, _	ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4 000 NO DAD VALUE					
1,200 NO PAR VALUE			100	common	no par value
					1

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

	* 9 0 2 7 8 *-
File Date	3/29/04
Check No.	<u> </u>
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I had including any accompanying schedules and statement	
contained herein are true and correct.	13/1/04
Signature of Officer	Date
Christopher Mason	
Print or Type Name of Officer President	-
Title of Officer	