



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the date prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No

84878

2. Name of Corporation

Precision Line, Inc.

3. Street Address Principal Business Office

118 Berkeley Street

City

EAST PROVIDENCE

State

RI

Zip

02914-

4. Business Phone No.

4015730561

5. State of Incorporation

RHODE ISLAND

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

GENERAL BUSINESS OF REAL ESTATE ACQUISITION INVESTMENT, DEVELOPMENT, CONSTRUCTION, AND SALE.

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Kimberly A. Flowers

Vice President Name

Kimberly A. Flowers

Street Address

118 Berkeley Street

Street Address

118 Berkeley Street

City

East Providence

State

RI

Zip

02914

City

East Providence

State

RI

Zip

02914

Secretary Name

Kimberly A. Flowers

Treasurer Name

Kimberly A. Flowers

Street Address

118 Berkeley Street

Street Address

118 Berkeley Street

City

East Providence

State

RI

Zip

02914

City

East Providence

State

RI

Zip

02914

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Kimberly A. Flowers

Director Name

Street Address

Street Address

118 Berkley Street

City

East Providence

State

RI

Zip

02914

City

East Providence

State

RI

Zip

02914

Director Name

Director Name

Street Address

Street Address

City

City

State

State

Zip

Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 \$1.00 PAR VALUE

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

A

1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.



8 4 8 7 8

FILED

84878 DBC 03/27/06 04:09:16 PM

File Date

APR 27 2006

Check No.

By AK COTLER

By

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.

52:6 BY Kimberly A. Flowers 3:31:06
Signature of Officer Date

KIMBERLY A. FLOWERS

Print or Type Name of Officer

PRESIDENT

Print or Type Title of Officer

Form 630 12/05



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 84878		2. Name of Corporation Precision Line, Inc.			
3. Street Address Principal Business Office 17 CITY VIEW AVENUE			City EAST PROVIDENCE	State RI	Zip 02914-
4. Business Phone No. 4015730561		5. State of Incorporation RHODE ISLAND			6. SIC Code 2881
7. Brief Description of the Character of Business Conducted in Rhode Island LASER REPAIRS, SALES & SERVICE					
8. NAMES AND ADDRESSES OF THE OFFICERS (X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KIMBERLY A. FLOWERS			Vice President Name KIMBERLY A. FLOWERS		
Street Address 17 CITY VIEW AVENUE			Street Address 17 CITY VIEW AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name KIMBERLY A. FLOWERS			Treasurer Name KIMBERLY A. FLOWERS		
Street Address 17 CITY VIEW AVENUE			Street Address 17 CITY VIEW AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
9. NAMES AND ADDRESSES OF THE DIRECTORS (X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name KIMBERLY A. FLOWERS			Director Name		
Street Address 17 CITY VIEW AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (X" BOX FOR ATTACHMENT) []					
AUTHORIZED SHARES			11. SHARES ISSUED (X" BOX FOR ATTACHMENT) []		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 PAR VALUE		100	A	1.00

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



8 4 8 7 8

84878 DBC 02/14/04 02:11:40 PM

File Date 3/11/04

Check No. 2628

By: 18

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.

Kimberly A. Flowers 3-10-04
Signature of Officer Date
KIMBERLY A. FLOWERS
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. *84878*		2. Name of Corporation Precision Line, Inc.			
3. Street Address Principal Business Office 17 CITY VIEW AVENUE		City EAST PROVIDENCE	State RI	Zip 02914-	
4. Business Phone No. 4015730561		5. State of Incorporation RHODE ISLAND			6. SIC Code 2881
7. Brief Description of the Character of Business Conducted in Rhode Island LASER REPAIRS, SALES & SERVICE					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KIMBERLY A. FLOWERS			Vice President Name KIMBERLY A. FLOWERS		
Street Address 17 CITY VIEW AVENUE			Street Address 17 CITY VIEW AVENUE		
City E. PROVIDENCE	State RI	Zip 02914	City E. PROVIDENCE	State RI	Zip 02914
Secretary Name KIMBERLY A. FLOWERS			Treasurer Name KIMBERLY A. FLOWERS		
Street Address 17 CITY VIEW AVENUE			Street Address 17 CITY VIEW AVENUE		
City E. PROVIDENCE	State RI	Zip 02914	City E. PROVIDENCE	State RI	Zip 02914
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name KIMBERLY A. FLOWERS			Director Name KIMBERLY A. FLOWERS		
Street Address 17 CITY VIEW AVENUE			Street Address 17 CITY VIEW AVENUE		
City E. PROVIDENCE	State RI	Zip 02914	City E. PROVIDENCE	State RI	Zip 02914
Director Name KIMBERLY A. FLOWERS			Director Name KIMBERLY A. FLOWERS		
Street Address 17 CITY VIEW AVENUE			Street Address 17 CITY VIEW AVENUE		
City E. PROVIDENCE	State RI	Zip 02914	City E. PROVIDENCE	State RI	Zip 02914
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
8,000	\$1.00 PAR VALUE		100	A	1.00

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



* 8 4 8 7 8 *

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.

Kimberly A. Flowers 1-20-03
Signature of Officer Date
KIMBERLY A. FLOWERS
Print or Type Name of Officer
PRESIDENT
Title of Officer

84878 DBC11/17/034:44:39 PM

File Date 3-10-03

Check No. 2292

By: *[Signature]*

FOR SECRETARY OF STATE USE ONLY



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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 84878 2. Name of Corporation Precision Line, Inc.

3. Street Address Principal Business Office

17 City View Avenue

City

East Prov

State

RI

Zip

02914

4. Business Phone No

573-0561

5. State of Incorporation

RHODE ISLAND

6. SIC Code

2881

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

LASER REPAIRS & SALES & SERVICE

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Kimberly A. Flowers

Vice President Name

Kimberly A. Flowers

Street Address

Street Address

17 City View Ave

17 City View Ave

City

E. Prov.

State

RI

Zip

02914

City

East Prov.

State

RI

Zip

02914

Secretary Name

Kimberly A. Flowers

Treasurer Name

Kimberly A. Flowers

Street Address

Street Address

17 City View Ave

17 City View Ave

City

E. Prov.

State

RI

Zip

02914

City

East Prov.

State

RI

Zip

02914

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Kimberly A. Flowers

Director Name

Street Address

Street Address

17 City View Ave

City

E. Prov.

State

RI

Zip

02914

City

State

Zip

Director Name

Director Name

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

8,000 \$1.00 PAR VALUE

Number of Shares

Class/Series

Par Value

100

A

\$1.00

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



* 8 4 8 7 8 *

File Date: 3-11-02

Check No.: 1949

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.

Kimberly A. Flowers x 3-5-02
Signature of Officer Date

Kimberly A. Flowers

Print or Type Name of Officer

President

Title 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



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. **84878** 2. Name of Corporation **Precision Line, Inc.**

3. Street Address Principal Business Office **17 City View AVENUE** City **EAST Providence** State **RI** Zip **02914**
4. Business Phone No. **573-0561** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2881**

7. Brief Description of the Character of Business Conducted in Rhode Island
Laser Repairs + Sales/Service

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

President Name Kimberly A. Flowers	Vice President Name Kimberly A. Flowers
Street Address 17 City View AVENUE	Street Address 17 City View AVE.
City EAST PROV. State RI Zip 02914	City EAST PROV. State RI Zip 02914
Secretary Name Kimberly A. Flowers	Treasurer Name Kimberly A. Flowers
Street Address 17 City View AVENUE	Street Address 17 City View AVENUE
City EAST PROV. State RI Zip 02914	City EAST PROV. State RI Zip 02914

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

Director Name Kimberly A. Flowers	Director Name
Street Address 17 City View AVENUE	Street Address
City EAST PROV. State RI Zip 02914	City
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 A \$1.00

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



* 8 4 8 7 8 *

File Date: 1/22
Check No.: 1609
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.

* Kimberly A. Flowers * 1/10/01
Signature of Officer Date
Kimberly A. Flowers
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
401-277-3040



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. **84878** 2. Name of Corporation **Precision Line, Inc**
3. Street Address Principal Business Office **17 City View AVENUE** City **EAST Providence** State **Rhode Island** Zip **02914**
4. Business Phone No **573-0561** 5. State of Incorporation **Rhode Island** 6. SIC Code **7880**

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

LASER Repair, Sales + SERVICE

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

President Name Kimberly A. Flowers Street Address 17 City View AVENUE City EAST Providence State RI Zip 02914	Vice President Name Kimberly A. Flowers Street Address 17 City View AVENUE City EAST Providence State RI Zip 02914
Secretary Name Kimberly A. Flowers Street Address 17 City View AVENUE City EAST Providence State RI Zip 02914	Treasurer Name Kimberly A. Flowers Street Address 17 City View AVENUE City EAST Providence State RI Zip 02914

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

Director Name Kimberly A. Flowers Street Address 17 City View AVENUE City EAST Providence State RI Zip 02914	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
8000	A	\$1.00

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
1,000	A	\$1.00

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

(Check # 1425)

File Date: **6/5**
Check No.: **1425**
By: **21**

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.

X **Kimberly A. Flowers** X **6/1/20**
Signature of Officer Date
Kimberly A. Flowers
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 1999

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No.

84878

2. Name of Corporation

Precision Line, Inc.

3. Street Address Principal Business Office

4 Constitution Street

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

City

Bristol

State

R.I.

Zip

02809

6. SIC Code
2881

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

Service And Sell Laser Equipment

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

President Name

Kimberly Ann Flowers

Street Address

4 Constitution Street

City

State

Zip

Bristol

RI

02809

Secretary Name

Street Address

City

State

Zip

Vice President Name

Kimberly Ann Flowers

Street Address

4 Constitution Street

City

State

Zip

Bristol

RI

02809

Treasurer Name

Street Address

City

State

Zip

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

Director Name

Kimberly Ann Flowers

Street Address

4 Constitution Street

City

State

Zip

Bristol

RI

02809

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

1.00

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



* 8 4 8 7 8 *

File Date: 5-27-99

Check No.: 1160

By: AMF

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.

Kimberly A. Flowers 1/7/99
Signature of Officer Date

Kimberly A. Flowers
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
401-277-3040



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. 2. Name of Corporation

84878

Precision Line, Inc.

3. Street Address Principal Business Office

4 Constitution Street

City

Bristol

State

RI

Zip

02809

4. Business Phone No.

401-253-7229

5. State of Incorporation

RHODE ISLAND

6. SIC Code

2881

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

Repair and sales of surveying equipment and related.

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

President Name

Kimberly A. Flowers

Vice President Name

Kimberly A. Flowers

Street Address

4 Constitution Street

Street Address

4 Constitution Street

City

Bristol

State

RI

Zip

02809

City

Bristol

State

RI

Zip

02809

Secretary Name

Kimberly A. Flowers

Treasurer Name

Kimberly A. Flowers

Street Address

4 Constitution Street

Street Address

4 Constitution Street

City

Bristol

State

RI

Zip

02809

City

Bristol

State

RI

Zip

02809

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

Director Name

Kimberly A. Flowers

Director Name

N/A

Street Address

4 Constitution Street

Street Address

City

Bristol

State

RI

Zip

02809

City

State

Zip

Director Name

N/A

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

8,000 SHS \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

Common

\$1.00

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



* 8 4 8 7 8 *

File Date:

9.22.98

Check No.:

1717

By:

UP

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

9/2/98

Date

Kimberly A. Flowers

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
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

84878

2. Name of Corporation

Precision Line, Inc.

3. Street Address Principal Business Office

4 Constitution Street

City

Bristol

State

RI

Zip

02809

4. Business Phone No.

401-253-7229

5. State of Incorporation

RHODE ISLAND

6. SIC Code

2881

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

Repair and sales of precision instruments used in land surveying.

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

President Name

Kimberly Ann Flowers

Vice President Name

Street Address

4 Constitution Street

Street Address

City

Bristol

State

RI

Zip

02809

City

State

Zip

Secretary Name

SAME

Treasurer Name

SAME

Street Address

Street Address

City

State

Zip

City

State

Zip

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

Director Name

Kimberly Ann Flowers

Director Name

Street Address

4 Constitution Street

Street Address

City

Bristol

State

RI

Zip

02809

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS \$1.00 PAR VALUE

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

One Class

\$1.00

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



* 8 4 8 7 8 *

File Date: 7/8/97

Check No.: 1313

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.

Kimberly A. Flowers 1-7-97

Signature of Officer

Date

Kimberly A. Flowers

Print or Type Name of Officer

PRESIDENT

Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO

2. NAME OF CORPORATION

84878

Precision Line, Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE

CITY

STATE

ZIP CODE

4. BUSINESS PHONE NO. 401-253-7229
5. STATE OF INCORPORATION RHODE ISLAND
6. SIC CODE 2881
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Repair Precision Instruments and related

PRESIDENT NAME

STREET ADDRESS

CITY

SECRETARY NAME

STREET ADDRESS

CITY

DIRECTOR NAME

STREET ADDRESS

CITY

DIRECTOR NAME

STREET ADDRESS

CITY

VICE PRESIDENT NAME

STREET ADDRESS

CITY

TREASURER NAME

STREET ADDRESS

CITY

DIRECTOR NAME

STREET ADDRESS

CITY

DIRECTOR NAME

STREET ADDRESS

CITY

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8,000 SHS		\$1.00 PAR VALUE	200	1.00/sh	\$ 200.00

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

File Date:

Check No:

By:

For Secretary of State Use Only

Signature of Officer

Kimberly A. Flowers
Print or Type Name of Officer

President
Title of Officer

6/6/96
Date