

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

Corporations Davision 100 North Main Street Providence, RI 62903-1335

Matthew A. Brown, Secretary of State 401 222 3040

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Business Prome No	7 <i>U</i> 3	5 State of Incorporation RHODE ISLANI			6 SIC Gale 7286		
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		None	None				
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Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Corporate ID No	2. Name of Corpore						
120276	Project Cor	Project Controls, Inc.					
Sirver Address Principal Business Office 72 CURK AV Business Phone No. 401-944-7743 RHODE ISLAM			Cranston	State RI	²¹¹ /02920		
)	6. SIC Code 7286			
PROVIDING PRO		ERVICES TO CONSTRUCT		OWNERS OF FACILITIES	_		
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"Cranston	Sinte	2ip 02920	Cranston	State	210025AC		
ecretary Name			Scott S. Danze				
reet Address			Sircer Address 72 Clark All				
ity	State	Zip	Carston	State	21p		
. NAMES AND ADDE	LESSES OF THE DIRECT	TORS: ("X" BOX FOR AT	TACHMENT) FILL.	IN SPACES BEFORE USI	ING ATTACHMENTS		
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reet Address			Street Address				
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rect Address O. SHARES AUTHOR UTHORIZED SHARES	Class/Series	ATTACHMENT) [City 11. SHARES ISSUED ISSUED SHARES	(*X" BOX FOR ATTACI	HMENT) []		
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including any accompanying schedules and statements, and that all statements

contained herein are true and correct.

Signature of Officer

AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

100 North Main Street, Providence, RI 02903-1335 ... 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

STOP PEASERLAD INSECTIONS

Filing Period: Januar	y I-March 1 • (Filing Fee: \$50.00		TEAR	PETASE REA INSTRUCTIO
FORM MUST BE TYPED OR PRIN 1. Corporate ID No 120276	NTED IN BLACK) 2 Name of Corpora Project Con			,	
3 Street Address Principal Busines 10 Clark 4 Rusiness Phone No. 401-944- 7 Brief Description of the Charact	AVE 7743	5 State of Incorporation RHODE ISLAND	Cranstor	State R.I	7286
CONSUL 8. NAMES AND ADDRE	ting for	CONSTILCE CERS ("X" BOX FOR ATTACK	HIMENT) FILL IN SPACES B	EFORE USING ATTACI	HMENTS
President Name Alice I Street Address 72 Clark), Danz C Aul		Vice President Name 50H 5, 1 Street Address 72 Clare	Danzer K Aule	
Cranston Secretary Name	State RI	202920	Cranston Treguter Name	State RI	" 009De
Street Address	2		Siret Addiess 72 Clark	nzer Ave	
City	State	Zip	Cranston	State R. T	"DY900
9. NAMES AND ADDRE Director Name Street Address	_	ECTORS ("X" BOX FOR ATTA	ACHMENT) FILL IN SPACES Director Name Street Address	BEFORE USING ATTA	CHMENTS
City	State	Zip	City	State	Zıp
Director Nume			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ.	ED ("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED (*x	T BOX FOR ATTACHMENT)	
Number of Shures	Class/Series	Par Value	Number of Shares	Class/Senes	Par Value
1,200 NO PAR VALUE			none		

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



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this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

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Under penalty of perjury, I declare and affirm that I have examined

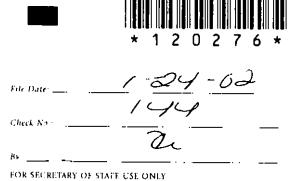


(FORM MUST BE TYPED IN BLACK)

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

401-222 3040

I. Corporate ID No. 2 Name of Corporation 120276 Project Controls, Inc. 72 Clark Ave. Cranston R.I. 02920 4. Busine Q 414 ne 7.7.43 5. State of Incorporation 6. SIG Code RHODE ISLAND 7286 7. Brief Description of the Character of Business Conducted in Rhode Island. Consulting Service 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President ATTice D. Danzer Vice President Name Scott S. Danzer 72 Clark Ave. Street Address Street Address 72 Clark Ave. State R. I. CarCransotn R.I. 02920 Cranston 02920 Alice D. Danzer Treasurer Name Scott S. Danzer Street Address 72 Clark Ave. 72 Clark Ave. Cranston, . City State 02920 R.I. 02920 Cransotn R.I. 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address State State Zip Director Name Dureter Name Street Address Street Address State Zip State Zio 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Senes Par Value Number of Shares Class/Series Par Value 1,200 NO PAR VALUE 1200 common no par 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.

Print or Type Name of Officer

Title of Officer **4**₹755 5

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