



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 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 135979	2. Name of Corporation J. Galuska & Associates, Inc.		
3. Street Address Principal Business Office 12 Sullivan Lane	City Bristol	State RI	Zip 02809
4. Business Phone No. 4012539486	5. State of Incorporation RHODE ISLAND	6. SIC Code	

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE PROFESSIONAL ENGINEERING SERVICES

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

President Name James J. Galuska			Vice President Name None		
Street Address 12 Sullivan Lane			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name James J. Galuska			Treasurer Name James J. Galuska		
Street Address 12 Sullivan Lane			Street Address 12 Sullivan Lane		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809

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

Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED (X) (BY BOX FOR ATTACHMENT) () () (FILL IN SPACES BEFORE USING ATTACHMENTS)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		500	Common	None

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



135979 DBC 01/31/05 10:35:35 AM

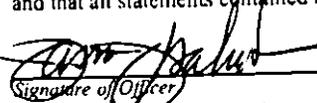
File Date 5-24-05

Check No. 146

By: DW

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

3/16/05
Date

James J. Galuska
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 135979		2. Name of Corporation J. Galuska & Associates, Inc.		
3. Street Address Principal Business Office 32 Selkirk Street		City Pawtucket	State RI	Zip 02860
4. Business Phone No. (401) 253-9486		5. State of Incorporation RHODE ISLAND		6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE PROFESSIONAL ENGINEERING SERVICES

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

President Name James J. Galuska			Vice President Name None		
Street Address 12 Sullivan Lane			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name James J. Galuska			Treasurer Name James J. Galuska		
Street Address 12 Sullivan Lane			Street Address 12 Sullivan Lane		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809

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

Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	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
1,000 NO PAR VALUE			500		

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



FILED

1 7 5 9 7 9 *

File Date **FEB 18 2004**

Check No. **By 1036AA**

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.

James J. Galuska
Signature of Officer

2/12/04
Date

James J. Galuska
Print or Type Name of Officer

President
Title of Officer