



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. 73183		2. Name of Corporation James R. Moden, Inc.			
3. Street Address Principal Business Office 32 JANE LANE			City BRISTOL	State RI	Zip 02809
4. Business Phone No. 4012532653		5. State of Incorporation RHODE ISLAND			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island CONSULTING WORK IN THE FIELD OF MATERIALS AND ENERGY SOURCES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JAMES R MODEN			Vice President Name		
Street Address 32 JANE LANE			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
Secretary Name EVELYN J MODEN			Treasurer Name		
Street Address 32 JANE LANE			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JAMES R MODEN			Director Name		
Street Address 32 JANE LANE			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 ("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
100	NO PAR VALUE		100	COMMON	NPV

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



7 3 1 8 3

\*73183 DBC 03/20/05 10:33:29 AM\*  
**FILED**  
 File Date: MAR 22 2005  
 Check No. 1060  
 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.

*James R. Moden*, 03/20/05  
 Signature of Officer Date  
**JAMES R MODEN**  
 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. 73183		2. Name of Corporation James R. Moden, Inc.			
3. Street Address Principal Business Office 32 Jane Lane			City Bristol	State R.I.	Zip 02809
4. Business Phone No. 401-253-2653		5. State of Incorporation RHODE ISLAND			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island CONSULTING WORK IN THE FIELD OF MATERIALS AND ENERGY SOURCES					
8. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James R. Moden			Vice President Name James R. Moden		
Street Address 32 Jane Lane			Street Address 32 Jane Lane		
City Bristol	State R.I.	Zip 02809	City Bristol	State R.I.	Zip 02809
Secretary Name EVELYN J. MODEN			Treasurer Name NONE		
Street Address 32 JANE LANE			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name James R. Moden			Director Name NONE		
Street Address 32 Jane Lane			Street Address		
City Bristol	State R.I.	Zip 02809	City	State	Zip
Director Name NONE			Director Name NONE		
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
100	NO PAR VALUE		100	common	NPV

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



\* 7 3 1 8 3 \*

File Date 3-20-04  
Check No. 1176  
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.

James R. Moden 03/01/04  
Signature of Officer Date  
JAMES R. MODEN  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2003  
**Filing Period: January 1-March 1 • Filing Fee: \$50.00**

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **73183** 2. Name of Corporation **James R. Moden, Inc.**  
3. Street Address Principal Business Office **32 Jane Lane** City **Bristol** State **R.I.** Zip **02809**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**consulting work in the field of materials and energy sources**  
8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>James R. Moden</b> Street Address <b>32 Jane Lane</b> City <b>Bristol</b> State <b>R.I.</b> Zip <b>02809</b>	Vice President Name <b>Robert D. Moden</b> Street Address <b>125 Birch Swamp Rd.</b> City <b>Warren</b> State <b>R.I.</b> Zip <b>02885</b>
Secretary Name  Street Address  City  State  Zip	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 <b>James R. Moden</b> Street Address <b>32 Jane Lane</b> City <b>Bristol</b> State <b>R.I.</b> Zip <b>02809</b>	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 <b>100 NO PAR VALUE</b>	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ISSUED SHARES Number of Shares      Class/Series      Par Value <b>100      common      NPV</b>
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3-4-03  
1071  
Check No: \_\_\_\_\_  
By: [Signature]

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 R. Moden 03/01/03  
Signature of Officer      Date  
**JAMES R. MODEN**  
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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **73183** 2. Name of Corporation **James R. Moden, Inc.**  
3. Street Address Principal Business Office **32 Jane Lane** City **Bristol** State **R.I.** Zip **02809**  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**consulting work in the field of materials and energy sources**

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

President Name <b>James R. Moden</b>	Vice President Name <b>Robert D. Moden</b>
Street Address <b>32 Jane Lane</b>	Street Address <b>125 Birch Swamp Rd.</b>
City <b>Bristol</b> State <b>R.I.</b> Zip <b>02809</b>	City <b>Warren</b> State <b>R.I.</b> Zip <b>02885</b>
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name <b>James R. Moden</b>	Director Name
Street Address <b>32 Jane Lane</b>	Street Address
City <b>Bristol</b> State <b>R.I.</b> Zip <b>02809</b>	City State Zip
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
	<b>100 NO PAR VALUE</b>		

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>100</b>	<b>common</b>	<b>NPV</b>

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



\* 7 3 1 8 3 \*

File Date: 3-6-02

Check No.: 879

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.

James R. Moden 3/1/02  
Signature of Officer Date

JAMES R. MODEN  
Print or Type Name of Officer

PRESIDENT  
Title of Officer

Attachment: James R. Moden, Inc.  
Corporate ID No. 73183

8. Names and addresses of the officers

Vice President: Kenneth J. Moden  
Street Address: 116 Benefit St.  
City: Greene State: RI Zip: 02827



**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. **73183** 2. Name of Corporation **James R. Moden, Inc.**

3. Street Address Principal Business Office **32 Jane Lane** City **Bristol** State **R.I.** Zip **02809**

4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

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

**consulting work in the field of materials and energy sources**

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

President Name <b>James R. Moden</b>	Vice President Name <b>Kenneth J. Moden</b>
Street Address <b>32 Jane Lane</b>	Street Address <del>XXXXXXXXXXXXXXXXXXXX</del> <b>5 Mather Ave.</b>
City <b>Bristol</b> State <b>R.I.</b> Zip <b>02809</b>	City <del>XXXXXXXX</del> <b>Cranston</b> State <b>R.I.</b> Zip <del>02888</del> <b>02905</b>
Secretary Name _____ Street Address _____ City _____ State _____ Zip _____	Treasurer Name <del>XXXXXXXX</del> <b>Cranston</b> State <b>R.I.</b> Zip <del>02888</del> <b>02905</b> Street Address _____ City _____ State _____ Zip _____

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

Director Name <b>James R. Moden</b>	Director Name _____
Street Address <b>32 Jane Lane</b>	Street Address _____
City <b>Bristol</b> State <b>R.I.</b> Zip <b>02809</b>	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
<b>100</b>	<b>NO</b>	<b>PAR VALUE</b>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>common</b>	<b>NPV</b>

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



\* 7 3 1 8 3 \*

File Date: 3-19-01

Check No.: 670

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] 03/15/01  
Signature of Officer Date

**JAMES R. MODEN**  
Print or Type Name of Officer

**PRESIDENT**  
Title of Officer



**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. **73183** 2. Name of Corporation **James R. Moden, Inc.**  
3. Street Address Principal Business Office **32 Jane Lane** City **Bristol** State **R.I.** Zip **02809**  
4. Business Phone No **(401) 253-2653** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code  
7. Brief Description of the Character of Business Conducted in Rhode Island

Consulting work in the field of materials and energy sources

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

President Name <b>James R. Moden</b> Street Address <b>32 Jane Lane</b> City <b>Bristol</b> State <b>R.I.</b> Zip <b>02809</b>	Vice President Name <b>Kenneth J. Moden</b> Street Address <b>5300 Post Rd. #109</b> <del>125 Birch Swamp Rd.</del> City <b>E. GREENWICH</b> State <b>R.I.</b> Zip <b>02818</b> Treasurer Name <b>Warren</b> State <b>R.I.</b> Zip <b>02885</b>
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name <b>James R. Moden</b> Street Address <b>32 Jane Lane</b> City <b>Bristol</b> State <b>R.I.</b> Zip <b>02809</b>	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>100 NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>common</b>	<b>NPV</b>

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



\* 7 3 1 8 3 \*

File Date: 2-1-00

Check No.: 1940

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.

James R. Moden 1/31/00  
Signature of Officer Date

JAMES R. MODEN  
Print or Type Name of Officer

PRESIDENT  
Title of Officer



**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. **73183**      2. Name of Corporation **James R. Moden, Inc.**  
3. Street Address Principal Business Office      City      State      Zip  
**32 Jane Lane**      **Bristol**      **R.I.**      **02809**  
4. Business Phone No.      5. State of Incorporation      6. SIC Code  
**(401) 253-2653**      **RHODE ISLAND**      **0000**  
7. Brief Description of the Character of Business Conducted in Rhode Island

Consulting work in the field of materials and energy sources

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

President Name <b>James R. Moden</b>	Vice President Name <b>Kenneth J. Moden</b>
Street Address <b>32 Jane Lane</b>	Street Address <b>32 JANE LANE</b>
City      State      Zip <b>Bristol      R.I.      02809</b>	City      State      Zip <b>BRISTOL      R.I.      02809</b>
Secretary Name	Treasurer Name <b>Warren</b>
Street Address	Street Address
City      State      Zip	City      State      Zip

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

Director Name <b>James R. Moden</b>	Director Name
Street Address <b>32 Jane Lane</b>	Street Address
City      State      Zip <b>Bristol      R.I.      02809</b>	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	Class/Series	Par Value
<b>100 NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>COMMON</b>	<b>NPV</b>

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



File Date: Uyan 16, 99

Check No.: 1857

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.

James R. Moden      3/15/99  
Signature of Officer      Date

JAMES R. MODEN  
Print or Type Name of Officer

PRESIDENT  
Title of Officer



**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. **73183** 2. Name of Corporation **James R. Moden, Inc.**  
3. Street Address Principal Business Office  
**32 Jane Lane** City **Bristol** State **R.I.** Zip **02809**  
4. Business Phone No. **(401) 253-2653** 5. State of Incorporation **RHODE ISLAND**  
6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Consulting work in the field of materials and energy sources**

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

President Name <b>James R. Moden</b>	Vice President Name <b>Kenneth J. Moden</b>
Street Address <b>32 Jane Lane</b>	Street Address <b>32 JANE LANE</b>
City <b>Bristol</b>	City <b>BRISTOL</b>
State <b>R.I.</b>	State <b>R.I.</b>
Zip <b>02809</b>	Zip <b>02809</b>
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name <b>James R. Moden</b>	Director Name
Street Address <b>32 Jane Lane</b>	Street Address
City <b>Bristol</b>	City
State <b>R.I.</b>	State
Zip <b>02809</b>	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>100 NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>NPV</b>

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



File Date: **1-23-98**  
Check No.: **1538**  
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.

**James R. Moden** 01/21/98  
Signature of Officer Date  
**JAMES R. MODEN**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer



**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. **73183**      2. Name of Corporation **James R. Moden, Inc.**

3. Street Address Principal Business Office      City      State      Zip  
**32 Jane Lane**      **Bristol**      **R.I.**      **02809**

4. Business Phone No.      5. State of Incorporation      6. SIC Code  
**(401) 253-2653**      **RHODE ISLAND**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Consulting work in the field of materials and energy sources**

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

President Name			Vice President Name		
<b>James R Moden</b>			<b>Kenneth J Moden</b>		
Street Address			Street Address		
<b>32 Jane Lane</b>			<b>354 Tower Hill Road</b>		
City			City		
<b>Bristol</b>	<b>R.I.</b>	<b>02809</b>	<del>XXXXXX</del>	<b>N. Kingston</b>	<b>R.I.</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City			City		
State			State		
Zip			Zip		
<b>02809</b>			<del>XXXXXX</del>		

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

Director Name			Director Name		
<b>James R Moden</b>					
Street Address			Street Address		
<b>32 Jane Lane</b>					
City			City		
<b>Bristol</b>	<b>R.I.</b>	<b>02809</b>			
Director Name			Director Name		
Street Address			Street Address		
City			City		
State			State		
Zip			Zip		

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>100 NO PAR VALUE</b>			<b>100</b>	<b>Common</b>	<b>NPV</b>

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



File Date: \_\_\_\_\_

Check No.: \_\_\_\_\_

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 R. Moden**      **2/2/97**  
Signature of Officer      Date  
**JAMES R. MODEN**  
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. 73183 2. NAME OF CORPORATION James R. Moden, Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE  
32 Jane Lane CITY Bristol STATE RI ZIP CODE 02809

4. BUSINESS PHONE NO. (401) 253-2653 5. STATE OF INCORPORATION RHODE ISLAND 6. SIC CODE 8888

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
Consulting work in the field of materials and energy sources

### B. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME James R. Moden VICE PRESIDENT NAME Kenneth J. Moden

STREET ADDRESS 32 Jane Lane STREET ADDRESS 354 Tower Hill Rd  
125 Birch Swamp Road

CITY Bristol STATE RI ZIP CODE 02809 CITY NORTH KINGSTON STATE RI ZIP CODE 02852  
Warren 02805

SECRETARY NAME \_\_\_\_\_ TREASURER NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

### 9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME James R. Moden DIRECTOR NAME \_\_\_\_\_

STREET ADDRESS 32 Jane Lane STREET ADDRESS \_\_\_\_\_

CITY Bristol STATE RI ZIP CODE 02809 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DIRECTOR NAME \_\_\_\_\_ DIRECTOR NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

### 10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100	NO PAR VALUE		100	Common	NPV

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.

James R. Moden, P.E.  
Signature of Officer

JAMES R. MODEN  
Print or Type Name of Officer

PRESIDENT  
Title of Officer

2/28/96  
Date

File Date: 3/1/96  
Check No: 1319  
By: [Signature]  
For Secretary of State Use Only



**ANNUAL REPORT**

Please Type or Print  
 File Annually Jan. 1 - March 1  
 Filing Fee \$50.00  
 Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0075163 Annual Report for the year: 1995

Name of Corporation: James R. Moden, Inc.

Business entity organized under the laws of the State of: R.I.  
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
32 Jane Lane  
Bristol, R.I. 02809  
 Phone: ( 401 ) 253-2653

Brief statement of the character of business conducted in Rhode Island:  
consulting work in the field of materials  
and energy sources

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>James R. Moden</u>	<u>32 Jane Lane</u>	<u>Bristol, R.I.</u>	<u>02809</u>
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Kenneth J. Moden</u>	<u>125 Birch Swamp Road</u>	<u>Warren, RI</u>	<u>02885</u>
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>James R. Moden</u>	<u>32 Jane Lane</u>	<u>Bristol, R.I.</u>	<u>02809</u>
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
<u>100</u>		<u>100</u>	<u>MAR 09 1995</u> <u>By 10430-1240</u>

Date January 6, 19 95

By: James R. Moden  
 PRINT OR TYPED NAME OF OFFICER SIGNING JAMES R. MODEN  
 TITLE OF OFFICER SIGNING PRESIDENT

Form 3-1995

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

**MICHAEL D. CORRADO**  
**2599 PAWTUCKET AVENUE**  
**EAST PROVIDENCE RI 02914**

Filing Fee \$50.00  
Payable to  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

103596

File Annually  
LLC Sept 1 - Nov 1  
CORP. Jan 1 - March 1

Corporate ID: 0073185 Annual Report for the year: 1994  
Name of Business Entity: James R. Moden, Inc.

Business entity organized under the laws of the State of R.I.

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

32 Jane Lane  
Bristol, R.I. 02809

Phone: ( 401 ) 253-2653

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

James R. Moden-Pres.  
32 Jane Lane  
Bristol, R.I. 02809

Brief statement of the character of business conducted in Rhode Island:  
consulting work in the field of materials  
and energy sources

Date of Organization: 7-7-93

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	<u>James R. Moden</u> <u>32 Jane Lane</u>	<u>Bristol, R.I.</u>	<u>02809</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)			
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)			
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>James R. Moden</u>	<u>32 Jane Lane</u>	<u>Bristol, R.I.</u>	<u>02809</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	CLASS	NUMBER	CLASS
	<u>100</u>		<u>100</u>
PAR VALUE OR WITHOUT PAR	<u>NPV</u>	PAR VALUE OR WITHOUT PAR	<u>NPV</u>

FEB 02 1994  
SEC'Y OF STA

Date: January 26, 1994

By: James R. Moden  
JAMES R. MODEN  
PRESIDENT

Form 3: 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

MICHAEL D. CORRAO  
2599 PAWTUCKET AVENUE  
E. PROVIDENCE, RI 02914