



**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)

1. Corporate ID No. <b>88582</b>		2. Name of Corporation <b>Site Engineering Consultants, Inc.</b>			
3. Street Address Principal Business Office <b>55 Grape Shot Road</b>			City <b>Sharon</b>	State <b>MA</b>	Zip <b>02067</b>
4. Business Phone No.		5. State of Incorporation <b>MASSACHUSETTS</b>			6. SIC Code <b>7518</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO PROVIDE CIVIL ENGINEERING CONSULTING AND DESIGN SERVICES FOR SITE DEVELOPMENT RELATED PROJECTS.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (SEE BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Anthony Stella</b>			Vice President Name <b>Leah Stella</b>		
Street Address <b>55 Grape Shot Road</b>			Street Address <b>55 Grape Shot Road</b>		
City <b>Sharon</b>	State <b>MA</b>	Zip <b>02067</b>	City <b>Sharon</b>	State <b>MA</b>	Zip <b>02067</b>
Secretary Name <b>Leah Stella</b>			Treasurer Name <b>Anthony Stella</b>		
Street Address <b>55 Grape Shot Road</b>			Street Address <b>55 Grape Shot Road</b>		
City <b>Sharon</b>	State <b>MA</b>	Zip <b>02067</b>	City <b>Sharon</b>	State <b>MA</b>	Zip <b>02067</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (SEE BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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 (SEE BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES ISSUED (SEE BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>15,000</b>	<b>NO PAR VALUE</b>		<b>15,000</b>	<b>Common</b>	

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



**FILED**  
8 8 5 8 2  
File Date: **MAR 03 2005**  
Check No: **73620**  
By: **LB**  
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.

*Anthony Stella* **2/22/05**  
Signature of Officer Date

**Anthony Stella**  
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*

(ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 88582 2. Name of Corporation Site Engineering Consultants, Inc.  
3. Street Address Principal Business Office 55 Grape Shot Road City Sharon State MA Zip 02067  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation MASSACHUSETTS 6. SIC Code 7518  
7. Brief Description of the Character of Business Conducted in Rhode Island

To provide civil engineering consulting and design services for site development related projects, environmental project and road infrastructure and flood prevention projects

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

President Name Anthony Stella

Street Address 55 Grape Shot Road  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Sharon, MA 02067

Secretary Name Leah Stella

Street Address 55 Grape Shot Road  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Sharon, MA 02067

Vice President Name Leah Stella

Street Address 55 Grape Shot Road  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Sharon, MA 02067

Treasurer Name Anthony Stella

Street Address 55 Grape Shot Road  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Sharon, MA 02067

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

Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 \_\_\_\_\_  
15,000 SHS NO PAR VALUE

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

ISSUED SHARES  
Number of Shares \_\_\_\_\_ Class Series \_\_\_\_\_ Par Value \_\_\_\_\_  
15,000 COMMON

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, that all statements contained herein are true and correct.

Anthony Stella 2/26/03  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

Anthony Stella  
Print or Type Name of Officer \_\_\_\_\_

President  
Title of Officer \_\_\_\_\_

File Date 3-10-03  
Check No. 6445  
By [Signature]



**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. **88582** 2. Name of Corporation **Site Engineering Consultants, Inc.**  
3. Street Address Principal Business Office **55 Grape Shot Road** City **Sharon** State **MA** Zip **02067**  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **7518**  
7. Brief Description of the Character of Business Conducted in Rhode Island **to provide Civil Engineering Consulting and Design services for site development related projects, environmental projects and road infrastructure and flood prevention projects.**

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

President Name <b>Anthony Stella</b>	Vice President Name <b>Leah Stella</b>
Street Address <b>55 Grape Shot Road</b>	Street Address <b>55 Grape Shot Road</b>
City State Zip <b>Sharon MA 02067</b>	City State Zip <b>Sharon MA 02067</b>
Secretary Name <b>Leah Stella</b>	Treasurer Name <b>Anthony Stella</b>
Street Address <b>55 Grape Shot Road</b>	Street Address <b>55 Grape Shot Road</b>
City State Zip <b>Sharon MA 02067</b>	City State Zip <b>Sharon MA 02067</b>

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

Director Name <b>None</b>	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)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**15,000 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**15,000 common**

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



File Date: 3-11-02  
Check No.: 6032  
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.  
Signature of Officer: Anthony Stella Date: 2/26/02  
Print or Type Name of Officer: Anthony Stella  
Title of Officer: President



**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. **88582** 2. Name of Corporation **Site Engineering Consultants, Inc.**

3. Street Address Principal Business Office **55 Grape Shot Road** City **Sharon** State **MA** Zip **02067**  
4. Business Phone No. 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island **to provide Civil Engineering Consulting and Design services for site development related projects, environmental projects and road infrastructure and flood prevention projects.**

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

President Name <b>Anthony Stella</b> Street Address <b>55 Grape Shot Road</b> City <b>Sharon</b> State <b>MA</b> Zip <b>02067</b>	Vice President Name <b>Leah Stella</b> Street Address <b>55 Grape Shot Road</b> City <b>Sharon</b> State <b>MA</b> Zip <b>02067</b>
Secretary Name <b>Leah Stella</b> Street Address <b>55 Grape Shot Road</b> City <b>Sharon</b> State <b>MA</b> Zip <b>02067</b>	Treasurer Name <b>Anthony Stella</b> Street Address <b>55 Grape Shot Road</b> City <b>Sharon</b> State <b>MA</b> Zip <b>02067</b>

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

Director Name	Street Address	City	State	Zip	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>15,000 SHS</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>15,000</b>	<b>common</b>	

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



\* 8 8 5 8 2 \*

File Date: 3/2/01  
Check No.: SS36  
By: AS

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.

Anthony Stella 2/09/01  
Signature of Officer Date

Anthony Stella  
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. **88582** 2. Name of Corporation **Site Engineering Consultants, Inc.**  
3. Street Address Principal Business Office **55 Grape Shot Road** City **Sharon** State **MA** Zip **02067**  
4. Business Phone No. **617-784-0326** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island To provide Civil Engineering Consulting and Design services for site development related projects, environmental projects and road infrastructure and flood prevention projects.

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

President Name <b>Anthony Stella</b>	Vice President Name <b>Leah Stella</b>
Street Address <b>55 Grape Shot Road</b>	Street Address <b>55 Grape Shot Road</b>
City State Zip <b>Sharon MA 02067</b>	City State Zip <b>Sharon MA 02067</b>
Secretary Name <b>Leah Stella</b>	Treasurer Name <b>Anthony Stella</b>
Street Address <b>55 Grape Shot Road</b>	Street Address <b>55 Grape Shot Road</b>
City State Zip <b>Sharon MA 02067</b>	City State Zip <b>Sharon MA 02067</b>

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
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)

AUTHORIZED SHARES	Class/Series	Par Value
<b>15,000 SHS NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>15,000</b>	<b>common</b>	

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



File Date: 3/1/00  
Check No: 5066  
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.

Anthony Stella 2/18/00  
Signature of Officer Date  
**Anthony Stella**  
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. **88582** 2. Name of Corporation **Site Engineering Consultants, Inc.**

3. Street Address Principal Business Office  
**55 Grape Shot Road** City **Sharon** State **MA** Zip **02067**

4. Business Phone No. **617-784-0326** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island **To provide Civil Engineering Consulting and Design services for site development related projects, environmental projects and Road infrastructure and flood prevention projects**

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

President Name <b>Anthony Stella</b>	Vice President Name <b>Leah Stella</b>
Street Address <b>55 Grape Shot Road</b>	Street Address <b>55 Grape Shot Road</b>
City State Zip <b>Sharon MA 02067</b>	City State Zip <b>Sharon MA 02067</b>
Secretary Name <b>Leah Stella</b>	Treasurer Name <b>Anthony Stella</b>
Street Address <b>55 Grape Shot Road</b>	Street Address <b>55 Grape Shot Road</b>
City State Zip <b>Sharon MA 02067</b>	City State Zip <b>Sharon MA 02067</b>

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
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)

AUTHORIZED SHARES	Class/Series	Par Value
<b>15,000 SHS NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>15,000</b>	<b>common</b>	

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



File Date: Mar 9, 1999  
Check No: 4609  
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.

Signature of Officer: Anthony Stella Date: 2/22/99  
Print or Type Name of Officer: Anthony Stella  
Title of Officer: President

**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. **88582** 2. Name of Corporation **Site Engineering Consultants, Inc.**  
3. Street Address Principal Business Office  
**55 Grape Shot Road** City **Sharon** State **MA** Zip **02067**  
4. Business Phone No. **617-784-0326** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **7518**  
7. Brief Description of the Character of Business Conducted in Rhode Island **To provide Civil Engineering Consulting and Design services for site development related projects, environmental projects and road infrastructure and flood prevention projects.**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)  
President Name **Anthony Stella** Vice President Name **Leah Stella**  
Street Address **55 Grape Shot Road** Street Address **55 Grape Shot Road**  
City **Sharon** State **MA** Zip **02067** City **Sharon** State **MA** Zip **02067**  
Secretary Name **Lea Stella** Treasurer Name **Anthony Stella**  
Street Address **55 Grape Shot Road** Street Address **55 Grape Shot Road**  
City **Sharon** State **MA** Zip **02067** City **Sharon** State **MA** Zip **02067**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)  
Director Name \_\_\_\_\_ 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)  
AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**15,000 SHS NO PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)  
ISSUED SHARES  
Number of Shares Class/Series Par Value  
**15000 common**

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



File Date: 2-24-98  
Check No.: 4093  
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 of Officer: Anthony Stella Date: 2/12/98  
Print or Type Name of Officer: Anthony Stella  
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. **88582** 2. Name of Corporation **Site Engineering Consultants, Inc.**  
3. Street Address Principal Business Office **55 Grape Shot Road,** City **Sharon** State **MA** Zip **02067**  
4. Business Phone No. **617-784-0326** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **7518**  
7. Brief Description of the Character of Business Conducted in Rhode Island **To provide Civil Engineering Consulting and Design services for site development related projects, environmental projects and road infrastructure and flood prevention projects.**

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

President Name <b>Anthony Stella</b> Street Address <b>55 Grapeshot Road</b> City <b>Sharon</b> State <b>MA</b> Zip <b>02067</b>	Vice President Name <b>Leah Stella</b> Street Address <b>55 Grapeshot Road,</b> City <b>Sharon</b> State <b>MA</b> Zip <b>02067</b>
Secretary Name <b>Leah Stella</b> Street Address <b>55 Grapeshot Road</b> City <b>Sharon</b> State <b>MA</b> Zip <b>02067</b>	Treasurer Name <b>Anthony Stella</b> Street Address <b>55 Grapeshot Road</b> City <b>Sharon</b> State <b>MA</b> Zip <b>02067</b>

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

Director Name  Street Address  City  State  Zip	Director Name  Street Address  City  State  Zip
Director Name  Street Address  City  State  Zip	Director Name  Street Address  City  State  Zip

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

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<b>15,000 SHS NO PAR VALUE</b>	<b>15000 common</b>

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



File Date: 3/4/97  
Check No.: 180434  
By: KAB

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.

Anthony Stella  
Signature of Officer Date

Anthony Stella  
Print or Type Name of Officer

President  
Title of Officer