

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of States

Matthew A. Brown, Secretary of State

Corpsirations Division 100 North Main Street Providence, RI 02903-1535 401-222 3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_

401 222 30 **2005** 

Filing Period: January 1 - N (FORM MUST BE TYPED OR PRE		g Fee: \$50.00 •			
7 Corporate ID No. 99682	2 Name of Corporation, I				
3 Stood Addiess Principal Business 305 In 6			Warwick	Nate RI	02886
4 Bestress Philip No. 401-556-6		5 State of Incorporation  RHODE ISLAND		· · · · · · · · · · · · · · · · · · ·	6 SIC Code <b>2881</b>
	PLACE, FABRICATE, 1 AL INAND DEAL WITH	BUILD, ERECT, CONSTR I THE GENERAL WELDII	RUCTFIX, REFURBISH, MEND, NG, REPAIR AND REPLACEME CHMENT)   FILL IN SPA Vice President Name   Tef	ENT OFIRON AND/OR M ICES BEFORE USING B.	ETAL ATTACHMENTS
Since Address Briar	brook	Dr	Street Address 57 Br	iarbrook	Dr.
Seekonk	state MA	<sup>2φ</sup> 02771	Seekonk	State MA	027) I
Limber Ly	M Rea	d	Treasurer Name Kimber	Ly MRE	ead
57 Brian	brook.	Dr	Street Address 57 By	Par brook	_ Dr
"See Konk	sean MA	× 02771	Seekonk	State MA	02771
9. NAMES AND ADDRESSES Director Name Kimber	1 100	cad	ACHMENT)   FILL IN \$	PACES BEFORE USING	GATTACHMENTS
57 Bria	rbrook	DI	Street Address		
"Seekonk	State MA	<sup>Zip</sup> 02771	Cny	- State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zqr	Cit)	State	Zīp
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATT	ACHMENT) 🗍	11. SHARES ISSUED ("X ISSUED SHARES	BOX FOR ATTACHM	ENT) []
Number of Shares	Class Series	Par Value	Number of Shares	c,lus√Series	Par Vaine
1,000 NO PAR VALUE			Ø	None	
70			<u> </u>		
This report must be	signed in ink by eith	er the President, Vice Pi	resident, Secretary, Assistant	Secretary, Treasurer, Re	eceiver or Trustee
			Parkers • the statement		

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 berein are true and correct.

Signatule of Officer

Print or Type Name of Officer

Title of Officer

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

Matthew A. Brown, Secretary of State

2. Name of Corporation  99682  Irvet Address Principal Business Office  ILL (PD BOX 16063  Institute Plane No  130 Brewster St  Institute Plane No  5. State of Incorporation  5. State of Incorporation  TO WELD, REPAIR, REPLACE, FABRICATE, BUILD, ERECT, CONS  NAME AND FACTURES DEAL INAND DEAL WITH THE GENERAL WEL  PRODUCTS  Sident Name  Remaining The Character of Business Conducted in Rhode Island  TO WELD, REPAIR, REPLACE, FABRICATE, BUILD, ERECT, CONS  NAME AND FACTURES DEAL INAND DEAL WITH THE GENERAL WEL  PRODUCTS  Sident Name  Remaining The General WEL  Remaining The General WE	TRUCTFIX, REFURBISH, MEND, MAN	R1 02916 6. SIC Code
Invert Address Principal Business Office 130 Brewster St.  ALL (PD BOX 16063 Fawt, R1 02860  Justness Phone No 5. State of Incorporation 401-556-6288  Truef Description of the Character of Business Conducted in Rhode Island  TO WELD, REPAIR, REPLACE, FABRICATE, BUILD, ERECT, CONS  NAREMANIFACTURE, DEAL MAND DEAL WITH THE GENERAL WELL  PRODUCTS.	TRUCTFIX, REFURBISH, MEND, MAN PLNG, BERAJIR AND REPLACEMENT	6. SIC Code 2881
Trief Description of the Character of Business Conducted in Rhoxle Island  TO WELD, REPAIR, REPLACE, FABRICATE, BUILD, ERECT, CONS  REMANUFACTURES DEAL INAND DEAL WITH THE GENERAL WELL  PRODUCTS.  Side of Incorporation  S. State of Incorporation  A PRODUCT S. State of Incorporation  A PRODUCT S. State of Incorporation  S. State of Incorporation  A PRODUCT S. State of Incorporation	TRUCTFIX, REFURBISH, MEND, MAN PLNG, BERAJIR AND REPLACEMENT	2881
Tree Description of the Character of Business Conducted in Rhode Island  TO WELD, REPAIR, REPLACE, FABRICATE, BUILD, ERECT, CONS  REMANUFACTURES DEAL NAME DEAL WITH THE GENERAL WELL  PRODUCTS.  Ident Name  (1)	TRUCTFIX, REFURBISH, MEND, MAN PUNG, BERAIR AND REPLACEMENT (	
Kimbelly M Read	Vice President Name	BEFORE VISION METACHMENTS
et Address	Street Address 50 0	Kead
51 Briarbrook Ar	5% Brian	Brook Dr.
Seekonk suic MA 210 02771	City Seekonk State	MA 2 0277/
Kimberly M Read	Kimberly	M Read
51 Briarbrook Dr.	Sirce Address Brias	brook Dr.
Seekonk State MA 21p 0271/ NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR A)	City Seekonk State TACHMENT)   FILL IN SPACE	MA 210 0277/ S BEFORE USING ATTACHMENTS
Kimberly M Read	Director Name	
57 Briarbrook Dr.	Street Address	
Sockonk State MA Zip 12711	City Stat	c Zip
ector Name	Director Name	
ret Address	Street Address	
State Zip	City State	Zip
SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  THORIZED SHARES	11. SHARES ISSUED ("X" BOX	FOR ATTACHMENT)
mber of Shares Classification Par Value	Number of Shares Cla	iss/Series Par Value
1,000 NO PAR VALUE	Ø	none

File Date	2/26/04
Check No.	1963
Ву:	8
F	OR SECRETARY OF STATE USE ONLY

Under penalty of pencluding any accord					
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ignature of Officer	nden	#		Date	_
Print or Type Name o	of Officer LVW	M	Rea	d	
Title of Officer	J		- <b>v</b> : Form 6:	30 Rev. 12/03	

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

STOP PLIASE READ INSTRUCTIONS

ORM MUST BE TYPED OR PRIN					
Corporate ID No 99682	2. Name of Corporation Rockport Iron, II	nc.			
Street Address Principal Busines	sollier 130 Brew	ster St.	Rumford	State R1	02916
MAL) P.D. 60X 1601 Business Phone No.	03 Pawt, R	5. State of Incorporation	Harrista		6. SIC Code
401-556-62	88	RHODE ISLAND			2881
Brief Description of the Charact					
Welding					
B. NAMES AND ADDRE	SSES OF THE OFFICE	RS ("X" BOX FOR ATTACH		FORE USING ATTACH	MENTS
Kimberly 1	n Read		Vice President Name Seff B.	Read	
18 Pine 5	<b>†</b> .		Street Address Pine	St	
"Seekonk	State MA	02771	<sup>cii</sup> Seekonk	State MA	027)/
ecretary Name Kimberly	m Read		Treasurer Nume Kimberly	M Read	d
18 Pine	SH		Street Address Pine	51.	
"Seekonk	State MA	277 1	Seekonk	MA ,	2ip 02711
D. NAMES AND ADDRE	SSES OF THE DIRECT	ORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES E Director Name	BEFORE USING ATTAC	HMENTS
Kimberly vices Address	M Read		Street Address		
18 Vino	$\langle S \rangle$				
Son Konk	State MA	zip 02771	City	State	Zip
Director Name	(1) (1)	02-111	Director Name		
treet Address			Street Address		
litv	State	Zip	City	State	Zip
O. SHARES AUTHORIZ	ED (*x* box for attach	MENT)	11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHMENT)	
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			Ø	none	

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

	* 9 9 6 8 2 *
File Date:	2/12/03
Check No.:	1803
Ву	8U_
FOR SECRETARY C	OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined
this report, including any accompanying schedules and statements, an
that allystatements contained hergin are true and correct.
Kimberly M Read 1/25/03
Signature of Officer Himberty M Read
Print or Type Name of Officer J
Title of Officer Form 650 12/02

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

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

PROFIT COR	PORATION	ANNUAL	REPORT	FOR	THE	YEAR	2002
Filing Period: Janua	iry 1-March 1 🔸	Filing Fee: \$50	.00				



(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2 Name of Corporation 99682 Rockport Iron, Inc. 1. Street Address Principal Business Office 130 Brewster St. Rumford RI 02916 MAIL) P.O. BOX 16063 lawt. RI 02860 4 Business Phone No. 6 SIC Code 401-783-4820 2881 **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island Welding 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS M. Kead B. Read Teff 02771 limberly M. Read M. Kead 02771 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Read 02711 *ורר20* Director Name Street Address Street Address Citi 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 Number of Shares Class/Series Par Value 1,000 NO PAR VALUE none-

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



2-22-02

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.

litte of Officer

Lan. 120 12:01

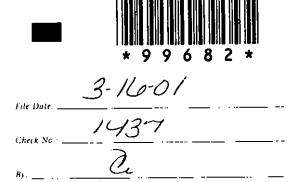
Corporations Division 100 North Moin Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP
PLEASE READ
ENSTRUCTIONS

FORM MUST BE TYPED IN BL	ACK)				
I. Corporate ID No. <b>99682</b>	2 Name of Corporati Rockport I	ron, Inc.			
3 Street Address Principal Busines 130 BCe 4. Business Phone No. 294-545 7 Brief Description of the Charact	wster St 7	S State of Incorporation RHODE ISLAND	Pawtucke	+ R1	219 02860 6 <b>2884</b> °
Welding		CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACE	S BEFORE USING ATTAC	CHMENTS
President Name Kimberly Sticet Address	M Read		Vice President Name Jeff Street Address	B. Read ne St	
Seekonk	State	Zip ()2771	Seekon	k state MA	02771
Secretary Numy Himberly Street Address	M. Read	4	Freusurer Name, Kimbe Street Address 18 Pin	rly M. Re	ead
Seekonk	State MA	Zip 02771	Seekor	ik state MA	02771
	ESSES OF THE DIRE	CTORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPA Director Name	CES BEFORE USING ATT	ACHMEN15
Director Name, Kimber Street Address	J	rad		one	
Seekonk	State MA	21p 02771	City	State	Zip
Director Name  CON  Street Address	e		Director Name    Continue	<u>e</u>	
City	State	Zip	Car	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ZED ("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED	) ("X" BOX FOR ATTACHMEN	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR V	ALUE		.e no	one	

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



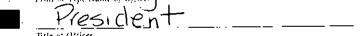
FOR SECRETARY OF STATE USE ONLY

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

Print or Type Name of Officer

Print or Type Name of Officer



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 2000 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN	BLACK)	•					
1. Corporate 1D No.	2. Name of Corpo	ration					
0099682	Rockpor	t Iron, Inc.					
3. Street Address Principal Bi	usiness Office		City	State	Zıp		
P.O. Box 1606	63		Rumford	RI	02916		
4. Business Phone No		5 State of Incorporation		6 SIC Code			
401.439.5413		Rhode Isl	and		2881		
•	naracter of Business Conducted	in Rhode Island					
Mobil Welding	g Service						
8. NAMES AND ADD	DRESSES OF THE O	FFICERS ("X" BOX FOR AT	TACHMENT)	<u></u>			
President Name		-	Vice President Name	•			
Kimberly M. I	Read		Jeff B. Re	ad	<u> </u>		
Street Address			Street Address				
18 Pine Stree	et		18 Pine St				
City	State	<i>Zip</i>	City	State MA	$\begin{vmatrix} z_{ip} \\ 02771 \end{vmatrix}$		
Seekonk	MA	02771	Seekonk	MA	02771		
Secretary Name				Treasurer Name			
Kimberly M. Read				Kimberly M. Read			
Street Address		Street Address					
City	State	Zip	City	State	Zip		
O NAMES AND ADI	DUCCES OF THE DI	RECTORS ("X" BOX FOR A	UTTACHNENTO				
Director Name	DRESSES OF THE DI	RECTORS   A BOX FOR A	Director Name				
Kimberly M. 1	Read		Jeff B. Re	ead			
Street Address			Street Address				
18 Pine Stree	et		18 Pine St	reet			
City	State	Zip	City	State	Zip		
Seekonk	MA	02771	Seekonk	MA	02771		
Director Name			Director Name	<u> </u>			
Street Address			Street Address	·			
				Lean	1 9.5		
City	State	Zip	City	State	Zsp		
10. SHARES AUTHO	ORIZED ("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUE	ED ("X" BOX FOR ATTACHME	ENT)		
AUTHORIZED SHARES 1,000		ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
1,000	сом	-0-	1,000	Com	-0-		
This are the		has the Descrident Vice	Dragidant Courstony A	rejetant Caeratary Tro	asurer Receiver or Truste		

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
4126100	including any accompanying schedules and statements, and that all statements contained herein are true and correct.
File Date:	Signature of Officer W M Road Date 2/28/07
Check No :   / & )	Printer Tryge Name of Officer
By:	Kimberly M'Kead
FOR SECRETARY OF STATE USE ONLY STERIOSACE 1	President

Form 31 12/96



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 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLAC	<i>K)</i>				
1 Corporate ID No	2. Name of Carporation	<b>?</b>			
0099682	Rockport 1	ron, Inc.			
3. Street Address Principal Business O	ffice		City	State	Zip
P.O. Box 16063			Rumford	RI	02916
4 Business Phone No		5. State of Incorporation	n		6 SIC Code
(401)439-5413		Rhode Isla	and		2881
7 Brief Description of the Character of Mobil Welding Ser		hode Island			
8. NAMES AND ADDRESS	ES OF THE OFFICE	ERS ("X" BOX FOR ATTA	ACHMENT)		
President Name			Vice President Name		
Kimberly M. Read			Jeff B. Read		
Street Address			Street Address		•
18 Pine Street			18 Pine Street		
City	State	Zip	City	State	Zip
Seekonk	MA	02771	Seekonk	MA	02771
Secretary Name			Treasurer Name		
Kimberly M. Read			Kimberly M. Read		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	ES OF THE DIREC	TORS ("X" BOX FOR A	TTACHMENT)		·
Director Name			Director Name		
Kimberly M. Read			Jeff B. Read		
Street Address			Street Address		
18 Pine Street			18 Pine Street		
City	State	71p	City	State	Zip
Seekonk	MA	02771	Seekonk	MA	02771
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES 1,000	) ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED ("X" ISSUED SHARES 100	BOX FOR ATTACHMENT)	
Number of Shares 1,000	Class/Series COM	Par Value Ø	Number of Shares 100	Class/Series COM	Par Value Nominal

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

w (	03-29-99
No -	1110
	<b>S</b> O

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.
Simularly M Bead 3/13/99
Himberly M Read
Trini of Type Name of Officer
fille of Officer