



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

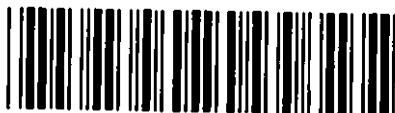
# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>114587</b>		2. Name of Corporation <b>Flynn Surveys, Inc.</b>			
3. Street Address Principal Business Office <b>10 Fieldview Road</b>			City <b>HOPE</b>	State <b>RI</b>	Zip <b>02831</b>
4. Business Phone No. <b>1-401-821-6290</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>LAND SURVEYING</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>JAMES G. FLYNN</b>			Vice President Name <b>JAMES G. FLYNN</b>		
Street Address <b>10 Fieldview Road</b>			Street Address <b>" "</b>		
City <b>HOPE</b>	State <b>RI</b>	Zip <b>02831</b>	City <b>" "</b>	State <b>" "</b>	Zip <b>" "</b>
Secretary Name <b>MARIANNE FLYNN</b>			Treasurer Name <b>JAMES G. FLYNN</b>		
Street Address <b>10 Fieldview Road</b>			Street Address <b>" "</b>		
City <b>HOPE</b>	State <b>RI</b>	Zip <b>02831</b>	City <b>" "</b>	State <b>" "</b>	Zip <b>" "</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>" "</b>			Director Name <b>" "</b>		
Street Address <b>" "</b>			Street Address <b>" "</b>		
City <b>" "</b>	State <b>" "</b>	Zip <b>" "</b>	City <b>" "</b>	State <b>" "</b>	Zip <b>" "</b>
Director Name <b>" "</b>			Director Name <b>" "</b>		
Street Address <b>" "</b>			Street Address <b>" "</b>		
City <b>" "</b>	State <b>" "</b>	Zip <b>" "</b>	City <b>" "</b>	State <b>" "</b>	Zip <b>" "</b>
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
<b>1,000 NO PAR VALUE</b>			<b>NONE</b>		

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



File Date **2/4/05**  
Check No. **1543**  
By **P.**  
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 **James G. Flynn** Date **2/3/05**  
Print or Type Name of Officer **JAMES G. FLYNN**  
Title of Officer **PRESIDENT**



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Matthew A. Brown, Secretary of State

Corporations Division  
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401.222.3040

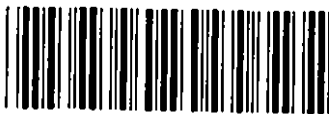
# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>114587</b>		2. Name of Corporation <b>Flynn Surveys, Inc.</b>			
3. Street Address Principal Business Office <b>10 Fielouiew ROAD</b>			City <b>HOPE</b>	State <b>R.I</b>	Zip <b>02831</b>
4. Business Phone No. <b>1-401-821-6290</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island <b>LAND SURVEYING</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>JAMES G. FLYNN</b>			Vice President Name <b>JAMES G. FLYNN</b>		
Street Address <b>10 Fielouiew ROAD</b>			Street Address <b>SAME</b>		
City <b>HOPE</b>	State <b>RI</b>	Zip <b>02831</b>	City <b>SAM</b>	State <b>_____</b>	Zip <b>_____</b>
Secretary Name <b>MARIANNE FLYNN</b>			Treasurer Name <b>JAMES G. FLYNN</b>		
Street Address <b>10 Fielouiew ROAD</b>			Street Address <b>SAME</b>		
City <b>HOPE</b>	State <b>RI</b>	Zip <b>02831</b>	City <b>SAM</b>	State <b>_____</b>	Zip <b>_____</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>JAMES G. FLYNN</b>			Director Name <b>_____</b>		
Street Address <b>10 Fielouiew ROAD</b>			Street Address <b>_____</b>		
City <b>HOPE</b>	State <b>RI</b>	Zip <b>02831</b>	City <b>_____</b>	State <b>_____</b>	Zip <b>_____</b>
Director Name <b>_____</b>			Director Name <b>_____</b>		
Street Address <b>_____</b>			Street Address <b>_____</b>		
City <b>_____</b>	State <b>_____</b>	Zip <b>_____</b>	City <b>_____</b>	State <b>_____</b>	Zip <b>_____</b>
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>			<b>None</b>		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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



\* 1 1 4 5 8 7 \*

File Date **1/30/04**  
Check No. **1389**  
By: **DA**  
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 **James G. Flynn** Date **1/17/04**  
Print or Type Name of Officer **JAMES G. FLYNN**  
Title of Officer **President**

**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. 2. Name of Corporation

114587

Flynn Surveys, Inc.

3. Street Address Principal Business Office

10 Fieldview ROAD

City

HOPE

State

RI

Zip

02831

4. Business Phone No.

1-401-821-6290

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7708

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

LAND SURVEYING

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

President Name

JAMES G. FLYNN

Street Address

10 Fieldview ROAD

City

HOPE

State

RI

Zip

02831

Vice President Name

JAMES G. FLYNN

Street Address

SAME AS PRES

City

State

Zip

Treasurer Name

JAMES G. FLYNN

Street Address

SAME AS PRES

City

State

Zip

Secretary Name

MARIANNE FLYNN

Street Address

10 Fieldview ROAD

City

HOPE

State

RI

Zip

02831

**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

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

NONE

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



\* 1 1 4 5 8 7 \*

File Date: FEB 26 2003

Check No: CM 1256

By: CM

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: James G. Flynn Date: 2/12/03

Print or Type Name of Officer: JAMES G. FLYNN

Title of Officer: President



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

Edward S. Innan, 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.

114587

2. Name of Corporation

Flynn Surveys, Inc.

3. Street Address Principal Business Office

10 Fieldview Road

4. Business Phone No.

401-821-6290

5. State of Incorporation

RHODE ISLAND

City

HOPE

State

RI

Zip

02831

6. SIC Code

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

LAND SURVEYING

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

President Name

JAMES G. FLYNN

Street Address

10 Fieldview Rd.

City

HOPE

State

R.I.

Zip

02831

Secretary Name

JAMES G. FLYNN

Street Address

SAME

City

State

Zip

Vice President Name

JAMES G. FLYNN

Street Address

SAME

City

State

Zip

Treasurer Name

JAMES G. FLYNN

Street Address

SAME

City

State

Zip

**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

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

NONE

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



\* 1 1 4 5 8 7 \*

File Date: 3-8-02

Check No.: 1123

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 G. Flynn 3/8/02  
Signature of Officer Date

Print or Type Name 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



**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. **114587** 2. Name of Corporation  
**Flynn Surveys, Inc.**

3. Street Address Principal Business Office

**10 FIELDVIEW ROAD**

City  
**HOPE**

State  
**R.I.**

Zip  
**02831**

4. Business Phone No.

**1-401-821-6290**

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code  
**7708**

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

**LAND SURVEYING**

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

President Name

**JAMES G. FLYNN**

Vice President Name

**(SAME AS ABOVE)**

Street Address

**10 FIELDVIEW ROAD**

Street Address

City

**HOPE**

State

**RI**

Zip

**02831**

City

State

Zip

Secretary Name

**(SAME AS ABOVE)**

Treasurer Name

**(SAME AS ABOVE)**

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

**JAMES G. FLYNN**

Director Name

Street Address

**10 FIELDVIEW ROAD**

Street Address

City

**HOPE**

State

**RI**

Zip

**02831**

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

**1,000 NO PAR VALUE**

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**NONE**

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



\* 1 1 4 5 8 7 \*

File Date: **FEB 02 2001**

Check No. **FEB 02 2001**

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 G. Flynn** **1/24/01**  
Signature of Officer Date

**JAMES G. FLYNN**

Print or Type Name of Officer

**Pres**  
Title of Officer