

L. Corporate ID No.

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

Matthew A. Brown, Secretary of State

2 Name of Corporation

(FORM MUST BE TYPED OR PRINTED IN BIACK)

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

Form 630 Rev. i 2/03

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: 550.00

114587	Flynn Surveys, I	nc.			
: Street Address Principal Business !			HOPE	State RV	102831
1-401-821-6	290	5 State of Incorporation RHODE ISLAND	<u> </u>		6 SIC Cells
7 Burd Description of the Character of LAND SURVEYING	of Business Conducted in k	thode Island	-	* .	
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) [] FILL IN	SPACES BEFORE USING	C ATTACHMENTS
President Name	17/04		Vice President Name	G. FU	
10 FielDuren	Q 040	·	Street Address	1	 -
NOPE	KZ.	0283(Gity	State _ t	Zip ,
MARIANNE F	LYVV		Treasurer Name	ES G.	FLIUU
sucer address Trelo	nien Bo	4)	Street Address		
Y o Pe	RI	^{Zup} 02931	Cay .	State C 1	Zφ 7
9. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	: A <i>CHMENT)</i> [] FILL IN	 N SPACES BEFORE USI	 NG ATTACHMENTS
Director Name			Davetor Name		2222 2227 2
Street Address			Street Address		·
			Such Address		
Cay	State	Zφ	Cuy	State	Ζφ
Once to Name	J	 :	Director Name	······l······	
Street Address		<u> </u>	Street Address	-	
One	State	Zψ	Gity	State	72.5
			,	31110	Ζφ
10. SHARES AUTHORIZED (AUTHORIZED SHARES	"X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACH	MENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class Series	Par Value
1,000 NO PAR VALUE		-	None	-	
This report must be si	gned in ink by eithe	r the President, Vice Pre	esident, Secretary, Assista	of Secretary Treasurer	Receiver or Trustee
			,	v sootemy, freesurer,	accord of Trustee
! I	isei iisii sissi 91191 iSi	II 1881 1881	Under penalty of perj	ury, I declare and affirm th	at I have examined this report
			contained herein are	panying schedules and state true and promeet.	ements, and that all statements
File Date _ 2_44_05			a come . I	(:the	z/3/05
Check No. 1543			Signature of Officer	<u> </u>	Date
			TAMES G. FLYUN		
$B_{N'} = -V_{\overline{D'}} = -V_{D$			Print or Type Name of Officer		
FOR SECRETARY OF STAT	E USE ONLY		- Treside	7 0 2	
			Title of Officer		



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

Matthew A. Brown, Secretary of State

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

PROFIT CORPORATION	ANNUAL REPORT FOR THE YEAR _	2004
illing Danied Lauren t. 14		

Filing Period: January 1 - N (FORM MUST BE TYPED OR PRI:	tarch I 🔸 🔣	ing Fee: \$50.00	VI FOR THE TE	AK	
1. Corporate ID No.	2 Name of Corporation	m			
114587	Flynn Surveys	s, Inc.			
3. Street Address Principal Business		•	HOPE	State R.I	CS 83 1
1 Business Phone No.		5. State of Incorporation			6. SIC Code
1-401-821-6 Brief Description of the Character	290	RHODE ISLAN	D		
LAND SURVEYING	of business continend in	i kocae isiana			
NAMES AND ADDRESSES	OF THE OFFICERS	S: ("X" BOX FOR AT		N SPACES BEFORE USING	G ATTACHMENTS
	<u> </u>		Vice President Name エストルモS	C (1)	
irreet Address			Street Address	G. PLYND	
10 Fielduren		19%		4 m e	
UOPE	State RI	18850	SAM.	State	Zip
MARIANNE FL	YVV		Treasurer Name	·······	
TOTAL Address	2100		Street Address	Co FLyzu	
10 Fielduje	u ROAN		SAM	e	
MOPE	State	zip ひても3	Clly SAM	State	Zip
. NAMES AND ADDRESSES	1 1			IN SPACES BEFORE USIN	NG ATTACHMENTS
Proctor Name	FLYVN		Director Name		TO ATTACHMENTS
must deletere			Street Address		_
13 Fielovien	- ROW				
MOPE	State	02831	Cliy	State	Zip
irector Name	I		Director Name		I
reet Address					
			Street Address		
it).	State	Zip .	City	State	Zip
0. SHARES AUTHORIZED ((*X* BOX FOR ATT	 ACHMENT)	11 SHAPES ISSUED.	("V" POV FOR ATTACK	NEWS C
UTHORIZED SHARES	·		ISSUED SHARES	("X" BOX FOR ATTACH	MENI) [
combor of Shares	Class/Series	Par Value	Number of Shares	ClasySeries	Par Value
1,000 NO PAR VALUE			your !		
			UNIC.		-
This report must be si	inned in july to what				
This report must be si	igned in ink by each	er the President, Vice	President, Secretary, Assis	tant Secretary, Treasurer, I	Receiver or Trustee
	i 3 6 î i 1811 - B irok Birok Tokkî To	1 2 1			
			Under penalty of p	crjury. I declare and affirm the	at I have examined this repo
, } (了	contained herein as	mpanying schedules and state e true and correct.	inients, and that all statemer
ile Date 3C O	<u> </u>		dames c	D. Then	1/17/04
heck No1389			Signature of Officer	CC	Date
. OA	_		JAMES Print or Type Name	of Officer	
EOP CCOCT: NO CO	77.105.0000		Presince	7	
FOR SECRETARY OF STATE	USE ONLY	_	Title of Officer		
					Form 630 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

STOP PLEASE READ INSTRUCTIONS

Filing Period: January	1-March 1 • .	Filing Fee: \$50.00	· · · · ·		
FORM MUST BE TYPED OR PRINT 1. Corporate ID No. 114587 3. Street Address Principal Business	2 Name of Corporation Flynn Surveys				•
10 Field View 4. Business Phone No. 1-401-821-62 7. Brief Description of the Character	ROAD GO of Business Conducted in 1	5. State of Incorporation RHODE ISLAND Rhode Island	HOPE	R I	2.19 0.28 6. MC Code
8. NAMES AND ADDRESS	SES OF THE OFFIC	ERS ("X" BOX FOR ATTACH	Vice Broadant Name	BEFORE USING ATTACHM	ENTS
JAMES G. ID FIELD USEW MOPE STEVEN NAME MARIANNE F	17 18 17 17 17 17 17 17 17 17 17 17 17 17 17	^{z.p} 02831	Treasurer Name 5 A Me J	G. FLOU G. FLOU	Zip
10 Field VW	State RT	Zip OZ83	•	Me State PS PM	Zip IMENTS
treet Address			Director Nume Street Address		-
iity	State	: Zip	Gity	State	Zıp
rector Name		•	Director Name		
treet Address			Street Address		
ity	State	Zıp	City	State	Zip
O. SHARES AUTHORIZED UTHORIZED SHARES	("X" BOX FOR ATTACE	HMENT)	11. SHARES ISSUED (* ISSUED SHARES	X* BOX FOR ATTACHMENT)	
umber of Shares	Cluss/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			nane		

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 *
FEB 2 6 2003
: Cm 1256

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.

Janus S. Hym	ے	احرا	<u>03</u>
Signifiture of Officer	Date	•	
ナムル・ド (ゲートレイレー)			

<u>₹₽₩₹\$</u>	C FLAD M	
Print or Type Name of		

of Officer

Form 630 - 12/92



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

101 5010
PLEASE DEAD
PLEASE READ INSTRUCTIONS
(MSTROCHOLD
\—_/

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 114587 Flynn Surveys, Inc. 3. Street Address Principal Business Office 10 fielouien 5. State of Incorporation 441-821-6290 **RHODE ISLAND** 7. Brief Description of the Character of Business Canducted in Rhode Island LAND SURUEMIUL 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name G. Plyon JANVEY City Zip City City Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Nome Street Address Street Address State Zip Director Name Director Name Street Address Street Address ZIp 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 Volue Number of Shares Class/Series Par Value 1,000 NO 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 *
le Date: 3	8-02
heck No.:	1123

FOR SECRETARY OF STATE USE ONLY

Six ature of Officer

Print or Type Name of Officer

∞ 5

Title of Officer

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 corre



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

	OP)
PLEASE, INSTRUC	TIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation Flynn Surveys, Inc. 3. Street Address Principal Business Office 10 FIELDVIEW 1-401-821-6290 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhade Island Survey in G 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Same As ABOJEI ZAMES 1E10V1EW City State Zip Street Address City 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 Zip Director Nam Director Name Street Address Street Address 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 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



File Date:

FEB 0 2 2001

FOR SECRETARY OF STATE USE ON T

Under penalty of perfury, 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.

ama S. Flyn
Steproture of Officer

1/24/01

JAMES G. FLYDE

Print or Type Name of Office

Title of Officer