

### 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
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Filing Period: January 1 (FORM MUST BE TYPED OR )	! - March 1 • PRINTED IN BIACK) :	Filing Fee: \$50.00			
1 Corporate ID No. 105686	2 Name of Corp.  JRB Assoc			<del>_</del>	
Succe Address Principal Bush	paring Stre	it	Providence	State	02904
4 Business Prome No. 5 State of Incorporation 401–351–8693 RHODE ISLAND					6 SIC Cale 347/
THE FINISHING AND	eter of Business Conduct DPLATING OF META	a Lea Blanda L'Annt	DESIGN, METAL DESIGN AF	ID CONTRACT WORK	<del></del>
President Name	Brown	CERS: ("X" BOX FOR ATT.	ACHMENT) [ FILL IN S	SPACES BEFORE USI	NG ATTACHMENTS
30 Stoney Ru	in Lave		Street Address		
Marion	<sup>State</sup> MA	<sup>219</sup> 02738	City	State	Zφ
Necretary Name Name			Trashier Name Fames R	Brown	•••••••••••••••••••••••••••••••••••••••
Street Address			Sireal Address 30 Stonly	^ i	
Cur	State	Zip	Marion	State M.A	02738
Director Name  NONL	SES OF THE DIREC	CTORS: ("X" BOX FOR AT	TACHMENT) [ FILL IN Duector Nume NOAC	SPACES BEFORE US	SING ATTACHMENTS
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Street Address	·		Street Address	·	
City	State	Zip	City	State	Zψ
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File Date			Under penalty of perjicular penalty pe	ury, I declare and affirm panying schedules and si the and correct.  James R	that I have examined this report tatements, and that all statements
FOR SECRETARY OF	STATE USE ONLY		Title of Officer		



FOR SECRETARY OF STATE USE ONLY

#### 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 COR Filing Period: January (FORM MUST BE TYPED O	1 - March 1 • F	NNUAL REPOR	RT FOR THE YEA	R 200	04	
1. Corporate ID No 105686	2. Name of Corpor		<del></del>		· · · · · · · · · · · · · · · · · · ·	
3. Street Address Principal Bit 94 Silver S	Spring Street		Providence	State RI	2402904	
4. Business Phone No. 401-351-8693 State of Incorporation					6. SIC Code 3471	
	ND PLATING OF METAL	S INCLUDING ORIGANAL	DESIGN, METAL DESIGN A	ND CONTRACT WORK.		
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA			Vice President Name  ***********************************			
Sirrer Address Stonen	Run Lane		Street Address	<del></del>		
Marion	State MA	<sup>Zip</sup> 02738	City	State	Zip	
Secretary Name  WONE			Treasurer Name James R	3000 N	······································	
Sirvei Address		-	sinci Address 30 Stoney	Run Lane		
City	State	Zip	cio. Marion	State MA	02738	
9. NAMES AND ADDRI Director Name  Worke  Street Address	ESSES OF THE DIRECT	TORS: ("X" BOX FOR A	TTACHMENT)   FILL   Director Name  None  Street Address	N SPACES BEFORE US	SING ATTACHMENTS	
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Director Name			••••	Sient	Ž(p	
	<u> </u>		Director Name			
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	* 1 0 5 6 8	either the President, Vice		rjury. I declare and affirm panying schedules and si	that I have examined this repatements, and that all statements.	
Check No.	76 ~/	_ _	Signfure of Officer	<del> : : : </del>	11 1109 WN	
By: FOR SECRETARY	OF STATE USE ONLY	-	Print or Type Name a	esident		

Title of Officer



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 PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED 1. Corporate ID No	OR PRINTED IN BLACK)  2. Name of Corpora	tian.			
105686	JRB Associ				
3. Street Address Principa 94 Silve 4 Business Phone No. 401-351-		5 State of Incorporation RHODE ISLAND	City Providence	State RI	21p 02904 6. SIC Code 3471
	ishing, Electropla				
	DDRESSES OF THE OFFI C. Brown Y Run Lane State MA	CERS (*x* box for attac	HMENT) FILL IN SPACES  Vice President Name  NON C  Street Address	BEFORE USING ATTAC	HMENTS
CITY Marion	State MA	zip 02738	City	State	Zip
Secretary Name WO WC Street Address			Treasurer Name  Fames R  Street Address 30 Stoney	Brown Pun Lane	
City	State	Zip	city Marion	State MA	02738
	DDRESSES OF THE DIRE	ECTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
Director Name NOK	ę		Director Name None		
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 AUTH AUTHORIZED SHARES	ORIZED (*X* BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X* BOX FOR ATTACHMENT	)
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2,000 NO PAR VA	LUE	** O	<b>2</b> ∞0		*0

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

-<del>1</del> ≥ 5

	* 1 0 5 6 8 6 *
File Date:	1-13-03
Check No.: .	<u></u>
By: FOR SECRET	ARY 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

that all statements contained herein are true and correct
JMM 1/8/03
James R. Brown
Print or Type Name of Officer PSPS ident
Title of Officer

Form 630 12/02

FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, III. Secretary of State Corporations Diminon 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 BL.	ACK)				
1. Corporate 1D No.	2. Name of Corporat	Associates,.	INC		
3 Street Address Principal Hussines.	oring Stree		City D 1	State O T	Zip
4. Business Phone No	5114	5 State of Incorporation	Providence	ICT	O2704 6_NC Code
401-351-86	93 Tof Business Conducted in	Rhode Island			3471
	inishing, E	lectroplating			
8. NAMES AND ADDRES	_	CERS ("X" BOX FOR AFTALE	HMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTACH	MENTS
Street Address	1. Brown		Street Address		
Street Address 30 Stoney City Marion	Run Lane				
Marion	MA	02738	City	State	<b>Z</b> ір
Secretary Name			Treasurer Name	0 n	
Street Address			Street Address	R. Brown Run Lave	
Gitv	State	Zip	30 Stowey	Kun Lane	Zip
9. NAMES AND ADDRES	SES OF THE DIDE	TARE AVE BAY FOR ATTI	Marion	MA	02738
Director Name	SES OF THE DIREC	LIOKS (X BOX FOR ATTA	Director Name	S BEFORE USING ATTAC	HMENTS
Street Address			Street Address		
City	State	Zip	City	State	Ζιρ
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zφ
10. SHARES AUTHORIZEI	D ("x" box for attac	HMENT)	11. SHARES ISSUED (	X* BOX FOR ATTACHMENT)	
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<b>ः</b> इति					
This reputation is the signe	e <b>a in ink</b> by eithe	r the President, Vice Pi	resident, Secretary, Assis	tant Secretary, Treasure	r, Receiver or Trustee
			Under penalty of per	jury, I declare and affirm th	nat I have examined
	FILE	7	this report, including	any accompanying schedu	iles and statements, and

Title of Officer



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 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00



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Corporate ID No.	2. Name of Corpor	ration			
105686 treet Address Principal Busines	ss office JKB	ASSOCiates, Inception	VC City_	State	Zip
94 Silver S	pring Stree	2+	Providence	RI	Ö2904
isliness Phone No. 101-351-86	'a, J	5. State of Incorporation		•	6. SIC Code
of Description of the Charact	ter of Business Conducted	in Shade Island			347/
Metal Finis					
VAMES AND ADDRE	SSES OF THE OFF	ICERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES F	EFORE USING ATTACHM	1ENTS
fent Name	B		Vice President Name		
James R.			Steam Adding		
30 Stoney Marion	Run Lan	VC	Street Address		
	State	Zip	City	State	Zip
	MA	02738	•		
ary Name			Trensurer Name	3 n .	
Address			Street Address	R. Brown  Ry Run Lane	
			30 Stone	y Run Lane	
	State	Zip	City	State .	Zip
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		ECTORS (*X* BOX FOR ATT)	Marion	MA S BEFORE USING ATTACE	02738
tor Name		•	/V(AF 10 N ACHMENT) FILL IN SPACES	MA	02738
NAMES AND ADDRE		•	/V(AF 10 N ACHMENT) FILL IN SPACES	MA	02738
or Name		•	/V(AF 10 N  ACHMENT) FILL IN SPACES  Director Name	/V) /4 S BEFORE USING ATTACE	OQ738
tor Name Address	SSES OF THE DIR	ECTORS (*X* BOX FOR ATT)	/V(ATSON ACHMENT) FILL IN SPACES Director Name Street Address	MA	02738
tor Name	SSES OF THE DIR	ECTORS (*X* BOX FOR ATT)	/V(ATSON ACHMENT) FILL IN SPACES Director Name Street Address	/V) /4 S BEFORE USING ATTACE	OQ738
tor Name Address	SSES OF THE DIR	ECTORS (*X* BOX FOR ATT)	/V(AF 10 N) ACHMENT) FILL IN SPACES Director Name Street Address City	/V) /4 S BEFORE USING ATTACE	OQ738
or Name Address or Name	SSES OF THE DIR	ECTORS (*X* BOX FOR ATT) ZIP	ACHMENT) FILL IN SPACES Director Name  Street Address  City Director Name  Street Address	/V) /4 6 BEFORE USING ATTACH  State .	OQ738
or Name Address or Name	SSES OF THE DIR	ECTORS (*X* BOX FOR ATT)	/V(AF)ON ACHMENT) FILL IN SPACES Director Name Street Address City Director Name	/V) /4 S BEFORE USING ATTACE	OQ738
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Pu -	Under penalty of perjury, I declare and affirm that I have examined
FILED	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
File Date:	JMM 7/12/02
Check No.: By	Signature of Office James R. Brown
288680	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer



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

Edward S. Inman, 111. Secretary of State Corporations Division 100 North Main Street. Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000



riting Period: Janua	ary 1-March 1 •	Filing Fee: \$50.00			INSTRUC
(FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No.	2. Name of Curpur		·		
105686 3. Street Address Principal Busi	しては /	Associates, I			
		.+	Providence	State PT	21p ~ 9 N I
4. Business Phone No.	pring Stree	5. State of Incorporation		ハエ	02 109
401-351-8	71,93	RT	•		6. SIC Code フロコI
7. Brief Description of the Chai	acter of Business Conducted	in Rhode Island			57 11
Metal F	Finishing E	lectroplating			
8. NAMES AND ADDE	RESSES OF THE OFF	ICERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACI	ES BEFORE USING ATTA	CHMENTS
President Name	ρν		Vice President Name		
James 1	R. Brown				
30 Stans	Pun Lan	la	Street Address		
City 50 5 10 WE	State	e 02738	City	State	21.
Marion	MA	02738	••••	Sitte	21p
secretary Name			Treasurer Name	•	
			James	5 R. Brown	
treet Address			Street Address		
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Elly	State	Zip	City	State	Zip 0 7 7 2 5
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va.	_				
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			Director Name		
treet Address			Street Address		
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File Date: 100 15	JUL 29 2002
Check No.:	By temp
Ву:	288682
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 statements contained herein are true and correct. Signature

Title of Officer