



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 IN BLACK)

1. Corporate ID No. 86785 2. Name of Corporation Northeast Consulting Engineers, Inc.

3. Street Address Principal Business Office 74 HOLDEN STREET City DANVERS State MA Zip 01923-

4. Business Phone No. 9787778339 5. State of Incorporation MASSACHUSETTS 6. SIC Code 7518

7. Brief Description of the Character of Business Conducted in Rhode Island  
TO ENGAGE IN THE PRACTICE OF AND TO PROVIDE ENGINEERING SERVICES.

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

President Name John W. Mroszczyk Vice President Name None

Street Address 7 Day Avenue Street Address

City Danvers State MA Zip 01923 City State Zip

Secretary Name John W. Mroszczyk Treasurer Name John W. Mroszczyk

Street Address 7 Day Avenue Street Address 7 Day Avenue

City Danvers State MA Zip 01923 City Danvers State MA Zip 01923

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

Director Name John W. Mroszczyk Director Name Jean M. Mroszczyk

Street Address same as above Street Address same as above

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) ☐ 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
15,000 COMM NO PAR VALUE			1,000	Common	No Par

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



\*86785 FBC 02/05/05 01:25:22 PM\*  
File Date FILED  
Check No. FEB 28 2015 6175  
By: KB -  
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 John W. Mroszczyk Date 2/21/05  
Print or Type Name of Officer John W. Mroszczyk  
President  
Title of Officer

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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 86785  
2. Name of Corporation Northeast Consulting Engineers, Inc.  
3. Street Address Principal Business Office 74 HOLDEN STREET  
City DANVERS State MA Zip 01923-  
4. Business Phone No. 9787778339  
5. State of Incorporation MASSACHUSETTS  
6. SIC Code 7518

7. Brief Description of the Character of Business Conducted in Rhode Island  
TO ENGAGE IN THE PRACTICE OF AND TO PROVIDE ENGINEERING SERVICES.

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

President Name John W. Mroszczyk Vice President Name None

Street Address 7 Day Avenue  
City Danvers State MA Zip 01923

Secretary Name John W. Mroszczyk Treasurer Name John W. Mroszczyk

Street Address 7 Day Avenue  
City Danvers State MA Zip 01923

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

Director Name John W. Mroszczyk Director Name Jean M. Mroszczyk

Street Address same as above  
City Danvers State MA Zip 01923

Director Name  
Street Address

City Danvers State MA Zip 01923

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value

15,000 COMM NO PAR VALUE

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

ISSUED SHARES  
Number of Shares Class/Series Par Value

1,000 Common No Par

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



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\*86785 FBC 02/18/04 02:14:28 PM\*

File Date 2/24/04

Check No. 5787

By 18.

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 John W. Mroszczyk Date 2/20/04

Print or Type Name of Officer John W. Mroszczyk

President  
Title of Officer



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

86785

2. Name of Corporation

Northeast Consulting Engineers, Inc.

3. Street Address Principal Business Office

74 Holden Street

City

Danvers

State

MA

Zip

01923

4. Business Phone No.

(978) 777-8339

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

7518

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

Engineering service including design, safety, forensic, accident investigation, expert witness, general consultation and related services.

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

President Name

John W. Mroszczyk

Vice President Name

None

Street Address

7 Day Avenue

Street Address

City

Danvers

State

MA

Zip

01923

City

State

Zip

Secretary Name

John W. Mroszczyk

Treasurer Name

John W. Mroszczyk

Street Address

same as above

Street Address

same as above

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

John W. Mroszczyk

Director Name

Jean M. Mroszczyk

Street Address

same as above

Street Address

same as above

City

State

Zip

City

State

Zip

Director Name

Angela R. Mroszczyk

Director Name

Street Address

same as above

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 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

No Par

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



\* 8 6 7 8 5 \*

File Date: 3-4-03

Check No.: 5370

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: [Signature] Date: 2/14/03

John W. Mroszczyk

Print or Type Name of Officer

President

Title of Officer

Form 630 12/02



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

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** 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No

2. Name of Corporation

86785

Northeast Consulting Engineers, Inc.

3. Street Address Principal Business Office

74 Holden Street

City

Danvers

State

MA

Zip

01923

4. Business Phone No

(978) 777-8339

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

7518

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

Engineering service including design, safety, forensic, accident investigation, expert witness, general consultation and related services.

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

President Name

John W. Mroszczyk

Vice President Name

None

Street Address

7 Day Avenue

Street Address

City

Danvers

State

MA

Zip

01923

City

State

Zip

Secretary Name

John W. Mroszczyk

Treasurer Name

John W. Mroszczyk

Street Address

same as above

Street Address

same as above

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

John W. Mroszczyk

Director Name

Jean M. Mroszczyk

Street Address

same as above

Street Address

same as above

City

State

Zip

City

State

Zip

Director Name

Angela R. Mroszczyk

Director Name

Street Address

same as above

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 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

No Par

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



\* 8 6 7 8 5 \*

4-8-02

184

*[Signature]*

File Date: \_\_\_\_\_

Check No.: \_\_\_\_\_

By: \_\_\_\_\_

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]* 3/30/02  
Signature of Officer Date  
John W. Mroszczyk

Print or Type Name of Officer

President

Title of Officer



**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. **86785** 2. Name of Corporation **Northeast Consulting Engineers, Inc.**

3. Street Address Principal Business Office **74 Holden Street** City **Danvers** State **MA** Zip **01923**  
4. Business Phone No. **(978) 777-8339** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island **Engineering serv. including design, safety, forensic, accident investigation, expert witness, general consultation and related services.**

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

President Name

**John W. Mroszczyk**

Street Address

**7 Day Avenue**

City **Danvers** State **MA** Zip **01923**

Secretary Name

Street Address

**John W. Mroszczyk**

City **same as above** State **MA** Zip **01923**

Vice President Name

**None**

Street Address

City **Danvers** State **MA** Zip **01923**

Treasurer Name

Street Address

**John W. Mroszczyk**

City **same as above** State **MA** Zip **01923**

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

Director Name

**John W. Mroszczyk**

Street Address

**same as above**

City **Danvers** State **MA** Zip **01923**

Director Name

**Angela R. Mroszczyk**

Street Address

**7 Day Avenue**

City **Danvers** State **RI** Zip **01912**

Director Name

**Jean M. Mroszczyk**

Street Address

**same as above**

City **Danvers** State **MA** Zip **01923**

Director Name

Street Address

City **Danvers** State **MA** Zip **01923**

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares **15,000 COMM NO PAR VALUE** Class/Series **NO PAR VALUE** Par Value **NO PAR VALUE**

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

ISSUED SHARES

Number of Shares **1,000** Class/Series **Common** Par Value **No Par**

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



\* 8 6 7 8 5 \*

File Date **4-16-01**

Check No. **4524**

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 **[Signature]** Date **3/12/01**

**John W. Mroszczyk**

Print or Type Name of Officer

**President**

Title of Officer



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

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 ID No.

2. Name of Corporation

86785

Northeast Consulting Engineers, Inc. \*\*TO DO BUSINESS UNDER FICTITIO

3. Street Address Principal Business Office

City

State

Zip

74 Holten Street

Danvers

MA

01923

4. Business Phone No.

5. State of Incorporation

(978) 777-8339

MASSACHUSETTS

7518

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

Engineering serv. including design, safety, forensic accident investigation, expert witness, general consultation and related services

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

John W. Mroszczyk

None

Street Address

Street Address

7 Day Avenue

City

State

Zip

City

State

Zip

Danvers

MA

01923

Secretary Name

Treasurer Name

John W. Mroszczyk

John W. Mroszczyk

Street Address

Street Address

same as above

same as above

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

Director Name

John W. Mroszczyk

Jean M. Mroszczyk

Street Address

Street Address

same as above

same as above

City

State

Zip

City

State

Zip

Director Name

Director Name

Angela R. Mroszczyk

Street Address

Street Address

7 Day Avenue

City

State

Zip

City

State

Zip

Danvers

MA

01923

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

15,000 COMM NO PAR VALUE

1,000

Common

No Par

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



\* 8 6 7 8 5 \*

File Date: 4/12/00

Check No.: 4139

By: John Mroszczyk

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.

John Mroszczyk 4/6/00  
Signature of Officer Date

John Mroszczyk  
Print or Type Name of Officer

President  
Title of Officer



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

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 **1999**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>86785</b>		2. Name of Corporation <b>Northeast Consulting Engineers, Inc. **TO DO BUSINESS UNDER FICTITIOUS NAME O</b>	
3. Street Address Principal Business Office <b>74 Holten Street</b>		City <b>Danvers</b>	State <b>MA</b>
4. Business Phone No. <b>(508) 777-8339</b>		6. SIC Code <b>01923</b>	
5. State of Incorporation <b>MASSACHUSETTS</b>		7. Brief Description of the Character of Business Conducted in Rhode Island <b>Engineering services including design, safety, forensic, accident investigation, expert witness, general consultation and related services.</b>	
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>John W. Mroszczyk</b>		Vice President Name <b>NONE</b>	
Street Address <b>7 Day Avenue</b>		Street Address	
City <b>Danvers</b>	State <b>MA</b>	City	State
Secretary Name <b>John W. Mroszczyk</b>		Treasurer Name <b>John W. Mroszczyk</b>	
Street Address <b>same as above</b>		Street Address <b>same as above</b>	
City	State	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>John W. Mroszczyk</b>		Director Name <b>Jean M. Mroszczyk</b>	
Street Address <b>same as above</b>		Street Address <b>same as above</b>	
City	State	City	State
Director Name <b>Angela R. Mroszczyk</b>		Director Name	
Street Address <b>7 Day Avenue</b>		Street Address	
City	State	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) (ISSUED SHARES)			
Number of Shares <b>15,000 COMM NO PAR VALUE</b>	Class/Series	Number of Shares <b>1,000</b>	Class/Series <b>Common</b>
			Par Value <b>No Par</b>

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



\* 8 6 7 8 5 \*

File Date: March 11, 1999

Check No.: 3698

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] 3/7/99  
Signature of Officer Date

**John W. Mroszczyk**

Print or Type Name of Officer

President  
Title of Officer



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

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 1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 86785  
2. Name of Corporation Northeast Consulting Engineers, Inc.  
3. Street Address Principal Business Office 74 Holten St. City Danvers State MA Zip 01923  
4. Business Phone No. (508) 777-8339 5. State of Incorporation Massachusetts 6. SIC Code 7518  
7. Brief Description of the Character of Business Conducted in Rhode Island Engineering services including design, safety, forensic, accident investigation, expert witness, general consultation and related services.

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

President Name John W. Mroszczyk Street Address 7 Day Ave. City Danvers State MA Zip 01923	Vice President Name None Street Address  City State Zip	Treasurer Name John W. Mroszczyk Street Address same as above City State Zip
--	---	--

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

Director Name John W. Mroszczyk Street Address same as above City State Zip	Director Name Jean M. Mroszczyk Street Address 7 Day Ave. City Danvers State MA Zip 01923
Director Name Angela R. Mroszczyk Street Address 7 Day Ave. City Danvers State MA Zip 01923	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	Common	no par

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
1,000	Common	no par

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

File Date: 3/19

Check No.: 4462

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: [Signature] Date: 3/20/98

Print or Type Name of Officer: John W. Mroszczyk

Title of Officer: President





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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**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. **86785** 2. Name of Corporation **Northeast Consulting Engineers, Inc.\*\* TO DO BUSINESS UNDER FICTITIOUS NAME**  
3. Street Address Principal Business Office **74 Holten St.** City **Danvers** State **MA** Zip **01923**  
4. Business Phone No. **(508) 777-8339** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Engineering services including design, safety, forensic, accident investigation, expert witness, general consultation and related services.**

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

President Name <b>John W. Mroszczyk</b>	Vice President Name <b>None</b>
Street Address <b>7 Day Ave.</b>	Street Address
City <b>Danvers</b> State <b>MA</b> Zip <b>01923</b>	City State Zip
Secretary Name <b>John W. Mroszczyk</b>	Treasurer Name
Street Address <b>same as above</b>	Street Address
City State Zip	City State Zip

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

Director Name <b>John W. Mroszczyk</b>	Director Name <b>Jean M. Mroszczyk</b>
Street Address <b>7 Day Ave.</b>	Street Address <b>7 Day Ave.</b>
City <b>Danvers</b> State <b>MA</b> Zip <b>01923</b>	City <b>Danvers</b> State <b>MA</b> Zip <b>01923</b>
Director Name <b>Angela R. Mroszczyk</b>	Director Name
Street Address <b>7 Day Ave.</b>	Street Address
City <b>Danvers</b> State <b>MA</b> Zip <b>01923</b>	City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>15,000 SHS COMM NO PAR VA</b>			<b>1,000</b>	<b>Common</b>	<b>no par</b>

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



File Date: 3.14.97  
Check No.: 2043  
By: ICP

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 John W. Mroszczyk Date 3/5/97  
Print or Type Name of Officer John W. Mroszczyk  
Title of Officer President

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 86785		2. NAME OF CORPORATION Northeast Consulting Engineers, Inc.** TO DO d/b/a NCE, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 74 Holten St.		CITY Danvers	STATE MA
4. BUSINESS PHONE NO. (508) 777-8339		5. STATE OF INCORPORATION MASSACHUSETTS	6. SIC CODE 7518/7286

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
Engineering Services, including design, safety, forensic, accident investigation, expert witness, general consultation and related services.

8. NAMES AND ADDRESSES OF THE OFFICERS		
PRESIDENT NAME John W. Mroszczyk		
VICE PRESIDENT NAME None		
STREET ADDRESS 7 Day Ave.		
CITY Danvers	STATE MA	ZIP CODE 01923
SECRETARY NAME John W. Mroszczyk		
STREET ADDRESS same as above		
CITY Danvers	STATE MA	ZIP CODE 01923
TREASURER NAME John W. Mroszczyk		
STREET ADDRESS same as above		
CITY Danvers	STATE MA	ZIP CODE 01923

9. NAMES AND ADDRESSES OF THE DIRECTORS		
DIRECTOR NAME John W. Mroszczyk		
STREET ADDRESS 7 Day Ave.		
CITY Danvers	STATE MA	ZIP CODE 01923
DIRECTOR NAME Jean M. Mroszczyk		
STREET ADDRESS 7 Day Ave.		
CITY Danvers	STATE MA	ZIP CODE 01923
DIRECTOR NAME Angela R. Mroszczyk		
STREET ADDRESS 7 Day Ave.		
CITY Danvers	STATE MA	ZIP CODE 01923

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
15,000 SHS COMM NO PAR VA			1,000	Com	no par val

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, and that all statements contained herein are true and correct.

File Date:

3-22-96

Check No:

04565

By:

mnc/4p

For Secretary of State Use Only

Signature of Officer

John W. Mroszczyk

Print or Type Name of Officer

President

Title of Officer

3/10/96  
Date