



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. 72988		2. Name of Corporation JERRY LANE ASSOCIATES, INC.			
3. Street Address Principal Business Office 39 Jerry Lane			City North Kingstown	State RI	Zip 02852
4. Business Phone No. 401 885-5374		5. State of Incorporation RHODE ISLAND		6. SIC Code 7880	
7. Brief Description of the Character of Business Conducted in Rhode Island WORK RELATED TO FENCES, GUARDRAILS, PLAYGROUND EQUIPMENT, SITE FURNISHINGS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gail Burgess			Vice President Name John Burgess		
Street Address 39 Jerry Lane			Street Address 39 Jerry Lane		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name JOHN BURGESS			Treasurer Name GAIL BURGESS		
Street Address 39 JERRY LANE			Street Address 39 JERRY LANE		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A NONE			Director Name		
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 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
600 NO PAR VALUE			0		

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



File Date 2-1-05
Check No. 9669
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] 1/15/05
Signature of Officer Date
John Burgess
Print or Type Name of Officer
Vice-President
Title of Officer



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. 72988		2. Name of Corporation JERRY LANE ASSOCIATES, INC.			
3. Street Address Principal Business Office 39 JERRY LANE			City N. KINGSTOWN	State RI	Zip 02852
4. Business Phone No. 401-885-5374		5. State of Incorporation RHODE ISLAND		6. SIC Code 7880	
7. Brief Description of the Character of Business Conducted in Rhode Island WORK RELATED TO FENCES, GUARDRAILS, PLAYGROUND EQUIPMENT, SITE FURNISHINGS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GAIL L. BURGESS			Vice President Name JOHN W. BURGESS		
Street Address 39 JERRY LANE			Street Address 39 JERRY LANE		
City N. KINGSTOWN	State RI	Zip 02852	City N. KINGSTOWN	State RI	Zip 02852
Secretary Name JOHN W. BURGESS			Treasurer Name GAIL L. BURGESS		
Street Address 39 JERRY LANE			Street Address 39 JERRY LANE		
City N. KINGSTOWN	State RI	Zip 02852	City N. KINGSTOWN	State RI	Zip 02852
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A NONE			Director Name		
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 AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			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
600 NO PAR VALUE			-0-		

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



* 7 2 9 8 8 *

File Date _____
Check No. _____
By: _____
AUG 20 2004
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.

Gail L. Burgess 3/31/04
Signature of Officer Date
GAIL L. BURGESS
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. **72988** 2. Name of Corporation **JERRY LANE ASSOCIATES, INC.**

3. Street Address Principal Business Office **39 JERRY LANE** City **N. KINGSTOWN** State **RI** Zip **02852**
4. Business Phone No. **401-885-5374** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
FURNISH & INSTALL FENCE GUARDRAIL PLAY STRUCTURES & SITE FURNISHINGS

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

President Name GAIL L. BURGESS	Vice President Name JOHN W. BURGESS
Street Address 39 JERRY LANE	Street Address 39 JERRY LANE
City N. KINGSTOWN State RI Zip 02852	City N. KINGSTOWN State RI Zip 02852
Secretary Name JOHN W. BURGESS	Treasurer Name GAIL L. BURGESS
Street Address 39 JERRY LANE	Street Address 39 JERRY LANE
City N. KINGSTOWN State RI Zip 02852	City N. KINGSTOWN State RI Zip 02852

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

Director Name GAIL L. BURGESS	Director Name JOHN W. BURGESS
Street Address 39 JERRY LANE	Street Address 39 JERRY LANE
City N. KINGSTOWN State RI Zip 02852	City N. KINGSTOWN State RI Zip 02852
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
- 0 - NONE

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



* 7 2 9 8 8 *

File Date: **3-6-03**
Check No.: **8424**
By: **[Signature]**

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 **Gail L. Burgess** Date **3/4/03**
Print or Type Name of Officer **GAIL L. BURGESS**
Title of Officer **PRESIDENT**



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. **72988**
2. Name of Corporation **JERRY LANE ASSOCIATES, INC.**
3. Street Address Principal Business Office
39 JERRY LANE
4. Business Phone No. **401-885-6374**
5. State of Incorporation **RHODE ISLAND**

City **N. KINGSTOWN** State **RI** Zip **02852**
6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
FENCE GUARDRAIL SITE FURNISHINGS PLAY STRUCTURES

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

President Name **GAIL L. BURGESS**
Street Address **39 JERRY LANE**
City **N. KINGSTOWN** State **RI** Zip **02852**

Vice President Name **JOHN BURGESS**
Street Address **39 JERRY LANE**
City **N. KINGSTOWN** State **RI** Zip **02852**

Secretary Name **JOHN W. BURGESS**
Street Address **39 JERRY LANE**
City **N. KINGSTOWN** State **RI** Zip **02852**

Treasurer Name **GAIL L. BURGESS**
Street Address **39 JERRY LANE**
City **N. KINGSTOWN** State **RI** Zip **02852**

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

Director Name **GAIL L. BURGESS**
Street Address **39 JERRY LANE**
City **N. KINGSTOWN** State **RI** Zip **02852**

Director Name **JOHN W. BURGESS**
Street Address **39 JERRY LANE**
City **N. KINGSTOWN** State **RI** Zip **02852**

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	600	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	-0-	NONE	NONE

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



* 7 2 9 8 8 *

File Date: 3/15/02
Check No.: 7413
By: AB
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: Gail L. Burgess Date: 1/22/02
Print or Type Name of Officer: GAIL L. BURGESS
Title of Officer: PRESIDENT



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. **72988** 2. Name of Corporation **JERRY LANE ASSOCIATES, INC.**

3. Street Address Principal Business Office **39 JERRY LANE** City **N. KINGSTOWN** State **RI** Zip **02852**
4. Business Phone No **401-885-5374** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
FURNISH & INSTALL FENCE, GUARDRAIL, SITE FURNISHINGS AND PLAYGROUND EQUIP.

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

President Name GAIL L. BURGESS	Vice President Name JOHN W. BURGESS
Street Address 39 JERRY LANE	Street Address 39 JERRY LANE
City State Zip N. KINGSTOWN RI 02852	City State Zip N. KINGSTOWN RI 02852
Secretary Name GAIL L. BURGESS	Treasurer Name JOHN W. BURGESS
Street Address 39 JERRY LANE	Street Address 39 JERRY LANE
City State Zip N. KINGSTOWN RI 02852	City State Zip N. KINGSTOWN RI 02852

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

Director Name NONE	Director Name NONE
Street Address	Street Address
City State Zip	City State Zip
Director Name NONE	Director Name NONE
Street Address	Street Address
City State Zip	City State Zip

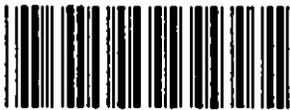
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 SHS 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



* 7 2 9 8 8 *

File Date: 2/26
Check No: 6445
By: RL

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: Gail L. Burgess Date: 2/21/01
Print or Type Name of Officer: GAIL L. BURGESS
Title of Officer: PRESIDENT



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. **72988** 2. Name of Corporation **JERRY LANE ASSOCIATES, INC.**
3. Street Address Principal Business Office **39 JERRY LANE** City **N. KINGSTOWN** State **RI** Zip **02852**
4. Business Phone No. **401-885-5374** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
FURNISH + INSTALL FENCE, GUARDRAIL, PLAYGROUND EQUIP. + SITE FURNISHINGS

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

President Name GAIL L. BURGESS Street Address 39 JERRY LANE City N. KINGSTOWN State RI Zip 02852	Vice President Name JOHN W. BURGESS Street Address 39 JERRY LANE City N. KINGSTOWN State RI Zip 02852
Secretary Name GAIL L. BURGESS Street Address 39 JERRY LANE City N. KINGSTOWN State RI Zip 02852	Treasurer Name JOHN W. BURGESS Street Address 39 JERRY LANE City N. KINGSTOWN State RI Zip 02852

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

Director Name NONE Street Address NONE City State Zip	Director Name NONE Street Address NONE City State Zip
---	---

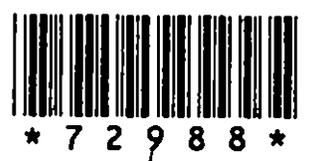
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 SHS 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



File Date: 1/12/00
Check No.: 5249A
By: cu

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: Gail L. Burgess Date: 12/27/99
Print or Type Name of Officer: GAIL L. BURGESS
Title of Officer: PRESIDENT



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. **72988** 2. Name of Corporation **JERRY LANE ASSOCIATES, INC.**

3. Street Address Principal Business Office **39 JERRY LANE** City **N. KINGSTOWN** State **RI** Zip **02852**
4. Business Phone No. **401-885-5374** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
Furnish + install fence, guardrail, play structure + site burnings

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

President Name GAIL L. BURGESS Street Address 39 JERRY LANE City N. KINGSTOWN State RI Zip 02852	Vice President Name JOHN W. BURGESS Street Address 39 JERRY LANE City N. KINGSTOWN State RI Zip 02852
Secretary Name GAIL L. BURGESS Street Address 39 JERRY LANE City N. KINGSTOWN State RI Zip 02852	Treasurer Name JOHN W. BURGESS Street Address 39 JERRY LANE City N. KINGSTOWN State RI Zip 02852

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

Director Name NONE Street Address NONE City State Zip	Director Name NONE Street Address NONE City State Zip
---	---

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

AUTHORIZED SHARES	Class/Series	Par Value
600 SHS NO PAR VALUE		

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

ISSUED 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



File Date: May 20, 99
Check No.: 2390
By: [Signature]

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: Gail L. Burgess Date: 5/4/99
Print or Type Name of Officer: GAIL L. BURGESS
Title of Officer: PRESIDENT



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. **72988** 2. Name of Corporation **JERRY LANE ASSOCIATES, INC.**
3. Street Address Principal Business Office
39 JERRY LANE City **N. KINGSTOWN** State **RI** Zip **02852**
4. Business Phone No. **401-885-5374** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
FENCE, GUARDRAIL, PLAYGROUND EQUIP & SITE FURNISHINGS

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

President Name GAIL L. BURGESS	Vice President Name JOHN W. BURGESS
Street Address 39 JERRY LANE	Street Address 39 JERRY LANE
City N. KINGSTOWN State RI Zip 02852	City N. KINGSTOWN State RI Zip 02852
Secretary Name JOHN W. BURGESS	Treasurer Name GAIL L. BURGESS
Street Address 39 JERRY LANE	Street Address 39 JERRY LANE
City N. KINGSTOWN State RI Zip 02852	City N. KINGSTOWN State RI Zip 02852

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

Director Name NONE	Director Name NONE
Street Address	Street Address
City State Zip	City State Zip
Director Name NONE	Director Name NONE
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
600 SHS	NO	PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
NONE	NONE	NONE

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



* 7 2 9 8 8 *

File Date: **2.23.98**
Check No.: **4333**
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: **Gail L. Burgess** Date: **2/20/98**
Print or Type Name of Officer: **GAIL L. BURGESS**
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. 72988		2. NAME OF CORPORATION JERRY LANE ASSOCIATES, INC.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 39 JERRY LANE		CITY N. KINGSTOWN	STATE RI	ZIP CODE 02852
4. BUSINESS PHONE NO. 401-885-5374		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 7880
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED BY RHODE ISLAND PURCHASE AND INSTALLATION OF FENCE, GUARDRAIL, SITE FURNISHINGS & PLAYGROUND EQUIP.				

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME GAIL L. BURGESS			VICE PRESIDENT NAME JOHN W. BURGESS		
STREET ADDRESS 39 JERRY LANE			STREET ADDRESS 39 JERRY LANE		
CITY N. KINGSTOWN	STATE RI	ZIP CODE 02852	CITY N. KINGSTOWN	STATE RI	ZIP CODE 02852
SECRETARY NAME JOHN W. BURGESS			TREASURER NAME GAIL L. BURGESS		
STREET ADDRESS 39 JERRY LANE			STREET ADDRESS 39 JERRY LANE		
CITY N. KINGSTOWN	STATE RI	ZIP CODE 02852	CITY N. KINGSTOWN	STATE RI	ZIP CODE 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS	NO PAR VALUE	NONE →			

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:

8/22/96

Check No:

2902

By:

[Signature]

For Secretary of State Use Only

Gail L. Burgess
Signature of Officer

GAIL L. BURGESS
Print or Type Name of Officer

PRESIDENT
Title of Officer

3/19/96
Date

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: ~~0072988~~ **72988** ^{sub} Annual Report for the year: 1995

Name of Corporation: **JERRY LANE ASSOCIATES, INC. d/b/a KINGSTOWN SERVICES CO.**
 Business entity organized under the laws of the State of: **RI** Business Entity is (check one):
 For foreign entity, address and telephone number of principal office: **N/A** Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
39 JERRY LANE
NORTH KINGSTOWN, RI 20852
 Phone: (401) 885-5374

Brief statement of the character of business conducted in Rhode Island
FURNISH AND INSTALL FENCING AND PLAYGROUND EQUIPMENT

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT GAIL L. BURGESS	39 JERRY LANE, NORTH KINGSTOWN, RI	02852	
VICE PRESIDENT JOHN W. BURGESS	39 JERRY LANE, NORTH KINGSTOWN, RI	02852	
SECRETARY JOHN W. BURGESS	39 JERRY LANE, NORTH KINGSTOWN, RI	02852	
TREASURER GAIL L. BURGESS	39 JERRY LANE, NORTH KINGSTOWN, RI	02852	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
GAIL L. BURGESS	39 JERRY LANE, NORTH KINGSTOWN, RI	02852	
JOHN W. BURGESS	39 JERRY LANE, NORTH KINGSTOWN, RI	02852	

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
600	COMMON	600	COMMON

Date: 13 FEBRUARY 19 95 By: *John W Burgess*
 PRINT OR TYPE NAME OF OFFICER SIGNING: JOHN W BURGESS
 TITLE OF OFFICER SIGNING: VICE PRESIDENT

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed

95 MAR 27 130
 810
 820433

FILED
 OCT 2 1995
 BY *John W Burgess* 109879

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT

File Annually
LLC Sept. 1 - Nov. 1
CORP Jan. 1 - March 1

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

Corporate ID: 72988 Annual Report for the year 1994

Name of Business Entity: JERRY LANE ASSOCIATES, INC DBA
KINGSTOWN SERVICES CO

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number: 05-0477036

For foreign entity, address and telephone number of principal office
N/A

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

39 JERRY LANE
NO KINGSTOWN RI
02852

Phone (401) 585-5374

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)
 Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

JOHN W. BURGESS
39 JERRY LANE
NO KINGSTOWN RI
02852

Brief statement of the character of business conducted in Rhode Island:

FURNISH AND INSTALL FENCING
AND PLAYGROUND EQUIPMENT

Date of Organization 23 JUN 1993

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> PRESIDENT (check one)	<u>GAIL L BURGESS</u>	<u>39 JERRY LANE NO KINGSTOWN RI</u>	<u>RI</u>	<u>02852</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR VICE PRESIDENT (check one)	<u>JOHN W. BURGESS</u>	<u>39 JERRY LANE NO KINGSTOWN RI</u>	<u>RI</u>	<u>02852</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR SECRETARY (check one)	<u>JOHN W. BURGESS</u>	<u>39 JERRY LANE NO KINGSTOWN RI</u>	<u>RI</u>	<u>02852</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR TREASURER (check one)	<u>GAIL L BURGESS</u>	<u>39 JERRY LANE NO KINGSTOWN RI</u>	<u>RI</u>	<u>02852</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>GAIL L BURGESS</u>	<u>39 JERRY LANE NO KINGSTOWN RI</u>	<u>RI</u>	<u>02852</u>
<u>JOHN W. BURGESS</u>	<u>39 JERRY LANE NO KINGSTOWN RI</u>	<u>RI</u>	<u>02852</u>

NUMBER OF SHARES AUTHORIZED (if Applicable)

NUMBER 600

CLASS COMMON

SERIES

PAR VALUE OR WITHOUT PAR NO PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)

NUMBER 600

CLASS COMMON

SERIES

PAR VALUE OR WITHOUT PAR NO PAR

Date 12 Jan 1995

By John W Burgess
JOHN W. BURGESS
VICE PRESIDENT

FILED

JAN 17 1995
#2305

Form 3 1-94

Designated Registered or Resident Agent for Service of Process:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.