

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

Matthew A. Brown, Secretary of State

Corporations Dursie 100 North Main Sire

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ______ 2005

Providence, RI 02903-13 401.222.30

Corperate ID No	O OR PRINTED IN BLACK) 2 Name of Corpor	atu v	 .		
91490	1 '	Sons Construction, Inc.			
Street Address Principal	Business Office	Cours Construction, Inc.	Gir	Stave	Zip
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4/21-00	34-7500	5. State of Incorporation	7		6 SIG Orde
Brief Description of the	7. 7. 7. 6. 5. S. Character of Business Conducted	RHODE ISLAND	<u> </u>		34
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File Date ______ Check No __EEB 0_8_2005 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I including any accompanying schedules and stateme	
contained herein and true and correct	//
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Title of Officer	Corn 6 20 Day 12002



Number of Shares

100

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

Class/Series

Par Value

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Corporations Divisio 100 North Main Stree Providence, RI 02903-133

Ma	unew A. Brown, Secret	ary of State			401.222,30		
Filing Period: Jan	uary 1 - March 1 💍 🔸	ANNUAL REI Filing Fee: \$50,00	ORT FOR THE	YEAR _ 200	94		
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3. Street Address Princy 2. LOC	·		City WICK	State RY	- Zip O2852		
4. Business Phone No.	194-7833	5. State of Incom	hooe Isla	40	6. SIC Code		
7. Brief Description of	e Character of Business Condu	cted in Rhode Island	7.00/				
ک کر 3. NAMES AND AL	28/ <i>0enyini</i> odresses of the offi	CERS: (IX" BOX FO	OMMERCIAL RATTACHMENT) R	ONS LUCS &	SING ATTACHMENTS		
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secretary Name	SAME 2	200p Dr.	Treasurer Name	6Ame	••••••		
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			ISSUED SHARES				

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

Number of Shares

100

Class/Series

NO

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		leclare and affirm that I have examined this reports schedules and statements, and that all statements.
File Date 3/8/04	infl. in Lin fil contained ficrest are true and	
Check No. 456	Signature of Officer ROBERT	R ARMON JU
FOR SECRETARY OF STATE USE ONLY	Print of Type Name of Officer	
 	Title of Officer	C (30 B 13/02

Form 630 Rev. 12/03

Par Value

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Office of the Secretary of State

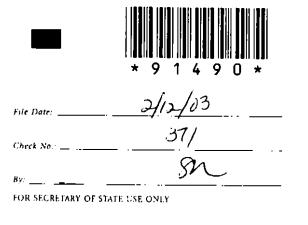
Edward S. Inman, III, Secretary of Stat Corporations Divisio

100 North Main Street, Providence, RI 02903-133

401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ Filing Period: January 1-March 1 • Filing Fee: \$50.00

EORM MIKT RE TYPED NO					
l. Corporate ID No.	PRINTED IN BLACKS 2. Name of Corner	Man			'
91490	2. Name of Corpora P. Arnold R.	Sons Construction, Inc.			
Street Address Principal Bi	usiness Office	Sons Constituction, Inc.	City	State	7
	EACH ST		MICKFORD	AT RI	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Business Phone No.	•	5. State of Incorporation			6. SIC Code
	94-7833	RHODE ISLAND			34
	naracter of Business Conducted			0 17 -	
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. NAMES AND ADI esident Nume	JRESSES OF THE OFF	ICERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTA	CHMENTS
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ty	State	Zip	City	State	Zip
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and and correct. Farm 430 12/02



1. Corporate ID No.

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

2. Name of Corporation

Office of the Secretary of State

Edward S. Inman, III. Secretary of State Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401 222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK)



91490	R. Arnold & S	ions Construction, Inc.			
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4 Business Phone No.		5. State of Incorporation	WICKFORD	RI	Q785,
401-8	294\7833 par <u>acter of</u> B <u>usiness</u> C <u>omb</u> igaet i	RHODE ISLAND			6 SIC Code 34
7. Brief Description of the Ch	paracter of Business Conducted i	n_Rhode Island			_
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8. NAMES AND ADD	DRESSES OF THE OFFI	CERS ("X" BOX FOR ATTACE		BEFORE USING ATTACH	MENTS
President Name	20-	·	Vice President Name		
Street Address	et K.Pirno	W VR.	A	SAMe	
159	Beach St.		Street Address		
City ,	State	Zip	City	State	
WICKTOR	O RI	02852	. ,	21.615	Zιρ
Secretary Name	•	- ,	Treasurer Name		
	SAME		,	SAMO	
Street Address	<i>O</i> , 1, <i>C</i>		Street Address		•
City	State	Zip	City	State	Zip
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9. NAMES AND ADD Director Name	RESSES OF THE DIRE	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE	ES BEFORE USING ATTAC	HMENTS
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Director Name		••	Director Name	•	
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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71. 0	1-10-02
ile Date:	· - ·
Dieck No.:	- —
OR 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 dre trpe and correct.



Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-222-36

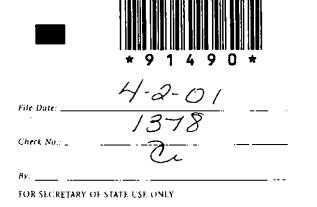
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KI.	02852			
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trust



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, ar



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

James R. Langevin, Secretary of Sta Corporations Division 100 North Main Street, Providence, RI 02903-13:

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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AR <u>2000</u>	STOP PILIVERI WI INSTRUCTION

filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. 91490 R. Arnold & Sons Concrete Forms, Inc. 3. Street Address Principal Business Office 6. SIC Code S. State of Incorporation 34 RHODE ISLAND 2. Brief Description of the Character of Business Conducted in Rhode Island KESDENTIAL & LIGHT COMMERCIEL FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name Same Street Address State Zip CIIV Treasurer Name Street Address Street Address Zio City State Zip City State FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name none. Street Address Street Address Zip City State City State Zip Director Name Director Name Street Address Street Address State Zip City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Class/Series Par Value Number of Shares Number of Shares Class/Series Par Value 100 SHS NO PAR VALUE 110 PBI VALUE

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



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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, a that all scattements contained herein are true and correct.

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James R. Langevin, Secretary of Ste Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-222-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00 GORM MUST BE TYPED IN BLACK!

ALC: UM	MUJI	DE.	111	ED	114	DI.A	L.A.

1 Corporate ID No.

2. Name of Corporation

61018

AERRX TECHNOLOGIES, LTD.

ł	Street	Address	Princip	oal Business	Office

City

Zip

873 Warwick Avenue

Warwick

RΙ

02888-3645

6. SIC Code

4. Business Phone No.

5 State of Incorporation

401.467.8588

RHODE ISLAND

7	Brief Description o	f the	Character of	Business	Conducted	ın	Rhode	Island
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То	operate	а	business	dealing	with al	l aspects	of	water	purification	treatment.	
3. N	AMES AND) AI	DDRESSES OF	F THE OFF	ICERS (*x*)	BOX FOR ATTAC	НМЕМ	T) FILI	L IN SPACES BEFOR	E USING ATTAC	нмғ

President Name

Edward P. Dunn

Street Address

873 Warwick Avenue

Warwick

State RI

02888

Secretary Name

John Appleton

Street Address

873 Warwick Avenue

City Warwick

RT

02888

John R. Dunn

Street Address

873 Warwick Avenue

City Warwick

Warwick

Vice President Name

RI

210 02888

Treasurer Name

John R. Dunn

Street Address

873 Warwick Avenue

RI

02888

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

Street Address

City

State

Zip

Street Address

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Director Name Director Name

Street Address

City

State

Street Address

City

City

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

Zip

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

AUTHORIZED SHARES

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Number of Shares

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

Par Value

400

Common

No Par Value

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



FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, an all statements contained herein are true and correct.

Under penalty of perjury, I declare and affirm that I have examined

EDWARD

Print or Type Name of Officer litle of Officer



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

James R. Langevin, Secretary of Ste Corporations Divisi-100 North Main Street, Providence, RI 02903-13

401-222-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filling Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 91490 R. Arnold & Sons Concrete Forms, Inc. 3. Street Address Principal Business Office 140 ARROU 4. Business Phone No. RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island residential a COMMERCIAL 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Street Address City Z.Ip Secretary Name Treasurer Name Street Address Street Address State Zip City 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) . FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address ZIp City Director Name Director Name City State Zip State 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES' ISSUED ("X" BOX FOR ATTACHMENT) + AUTHORIZED SHARES ISSUEZO SHARES Number of Shares Par Value Number of Shares Class/Series Par Value 100 SHS NO PAR VALUE NO PAR VALUE. This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste

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 R. Langevin, Secretary of St Corporations Divis 100 North Main Street, Providence, Ri 02903-13

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLIAM REM INSTRUCTION

(FORM MUST BE TYPED IN BLACK)

91490	2. Name of Corporation R. Arnold & So	ns Concrete Forms	, Inc.		<u></u>
3. Street Address Principal Business Off 140 ARROW 4. Business Phone No. 401 - 884 - 9 7. Brief Description of the Character of	ice LN. Business Conducted in Pho	5. State of Incorporation RHODE ISLAND	N. Kingstown		Zip 0085 6. SIC Code 0034
CREONE O IRE	TALL CONCre	e Pounca You	S & OTHER 186AL	BUSINESS PUT	70082
President Name	RARNO	S ("X" BOX FOR ATTACHA	MENT) Vice President Name NOTE Street Address		
N. KIMSTOWN	State R-L	21p (2)5x.5.2	City	State	Zip
Secretary Name NONC Street Address		4002	Treasurer Name NOM C Street Address		
Tity	State	Zip	City	State	Zip
P. NAMES AND ADDRESSES OSCIPLO PARRO OSCIPLO PARR	R ARAOU W IN.		HMENT) Director Name // UNE Street Address		
N. Kingstown	State R.I.	02852	City	State	Zip
Vone. Vone.			Director Name None Street Address		
ity	State	Zip	City	State	Zip
O. SHARES AUTHORIZED (*.	X" BOX FOR ATTACHM	ENT)	11. SHARES ISSUED ("X" BO	X FOR ATTACHMENT)	
umber of Shares	lass/Series	Par Value	Number of Shares	Class/Series	m- 1/ 1
100 SHS NO PAR VALU	E		None	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Par Value

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

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FOR SECRETAR	Y OF STATE USE ONLY



James R. Langevin, Secretary of Stat Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401-277-304

Filing Period: January	PORATIO v 1-March 1 •	N ANNUAL Filing Fee: \$50.00	REPORT 199	7	STOP: PLLASE REAL INSTRUCTION
(FORM MUST BE TYPED IN BLA					BELORE COMPLETING
1. Corporate ID No. 91490	2. Name of Corpo	ration P Azmi	19 5005 /0	was In	THIS FORM
3. Street Address Principal Business		/ / / / KI/OO	0 & Sons Con "N. Kingstock	CCC TOC	1115, 4-4C
140 ARK	20W L1	<u>'</u>	N. KingsToc.	RI RI	. dass2
4. Business Phone No.	Q2 27	5. State of Incorporation)V:	6. SIC Code
401-884			<i>大</i> .义.		0034
7. Brief Description of the Charactes		~ • • • • • • • • • • • • • • • • • • •		2017 1	_ /
NEW AND		KASIDENTAL	- (/ -	COOL CONSTR	30011011
8. NAMES AND ADDRES	SES OF THE OFI	FICERS ("X" BOX FOR ATT	ACHMENT)		
President Name	RARI	na 10 T-	Vice President Name		
Street Address	/ //KI	$\mathcal{D}(\mathcal{U}) \vee \mathcal{R}$	SME.		
_	anc la		Street Address		
770 /7/7	10cm L1.	•	_		
Al Kingston in	State RY	21p	City	State	Zip
Secretary Name	/	. 00000			
Lamo			Treasurer Name		
STATA			SAMO		
			Street Address		
City	State	Zip	City	State	Zip
NAMES AND ADDRES	CEC OF MILE W				
9. NAMES AND ADDRESS Director Name	SES OF THE DIK	ECTORS (*X* BOX FOR A			
KARROT	1) flor	Islo TR.	Director Name		
itreet Address	A DINI	OLE WR.	Carrie Adding		
140 ARR	r , l_0		Street Address		
Thy I I	State -	Zip	City	a	
N. Kimstry a	RY	~ "a>x<2	City	State	Zip
Director Namey	14-4-	90000	Director Name		
V			SMILLO INDINE		
treet Address			Street Address		
City	State	ZIp	City	State	Zip
O. SHARES AUTHORIZEI	D AND ISSUED ("X" BOX FOR ATTACHMENT	·)		
SUTHORIZED SHARES	,		SSUED SHARES		
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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100		110 /-111	100		No Par
his report must be signe	e d in ink by eitl	her the President, Vice	President, Secretary, Ass	sistant Secretary. Trea	Surer, Receiver or Trusti
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	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, and
11,-62	that all statements contained herein are true and correct.
ile Date:	1 1 1 1 20 97
	1/3 at 3/18-11
Check No.:	Signature of Officer Date
	KOBERT K STRACEO R.
y:	Print or Type Name of Officer
OR SECRETARY OF STATE USE ONLY	Gesi Don't
	Title of Officer