



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 OR PRINTED IN BLACK)

1. Corporate ID No <b>73194</b>		2. Name of Corporation <b>BEALS and THOMAS, INC.</b>	
3. Street Address Principal Business Office <b>144 Turnpike Road</b>			City <b>Southborough</b>
			State <b>MA</b>
			Zip <b>01772</b>
4. Business Phone No <b>508-366-0560</b>		5. State of Incorporation <b>MASSACHUSETTS</b>	
6. SIC Code <b>7286</b>			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>PROVIDES PROFESSIONAL SERVICES IN SUPPORT OF THE DEVELOPMENT AND CONSERVATION OF LAND &amp; WATER RESOURCES.</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>John E. Thomas</b>		Vice President Name <b>Richard P. Kosian</b>	
Street Address <b>7 Norfolk Lane</b>		Street Address <b>12 Richards Road</b>	
City <b>Holliston</b>	State <b>MA</b>	Zip <b>01581</b>	City <b>Lynnfield</b>
			State <b>MA</b>
			Zip <b>01940</b>
Secretary Name <b>MaryEllen Odone</b>		Treasurer Name <b>MaryEllen Odone</b>	
Street Address <b>2 Ward Road</b>		Street Address <b>2 Ward Road</b>	
City <b>Southborough</b>	State <b>MA</b>	Zip <b>01772</b>	City <b>Southborough</b>
			State <b>MA</b>
			Zip <b>01772</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>John D. Griffin, Jr.</b>		Director Name <b>Gerald D. McLellan</b>	
Street Address <b>18 Jaeger Terrace</b>		Street Address <b>2142 Oyster Harbors</b>	
City <b>Jamaica Plain</b>	State <b>MA</b>	Zip <b>02130</b>	City <b>Osterville</b>
			State <b>MA</b>
			Zip <b>02655</b>
Director Name <b>Christopher Tosti</b>		Director Name	
Street Address <b>4 Gaslight Lane</b>		Street Address	
City <b>Framingham</b>	State <b>MA</b>	Zip <b>01702</b>	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
<b>15,000 COMM NO PAR VALUE</b>		<b>1000</b>	<b>Common</b>

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



File Date 1-28-05  
Check No. 8535  
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] 1-21-05  
Signature of Officer Date  
MaryEllen Odone  
Print or Type Name of Officer  
Treasurer  
Title of Officer



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections for Corporate ID, Name of Corporation, Street Address, Business Phone, State of Incorporation, Brief Description of Business, Names and Addresses of Officers and Directors, and Shares Authorized/Issued.

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



File Date: 2-4-04, Check No: 7234, LUP

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: Mary Ellen Odone, Date: 1-7-04
Print or Type Name of Officer: Mary Ellen Odone
Title of Officer: Treasurer



# 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. **73194**  
2 Name of Corporation **BEALS and THOMAS, INC.**

3. Street Address Principal Business Office  
**144 Turnpike Road** City **Southborough** State **MA** Zip **01772**  
4. Business Phone No. **508-366-0560** 5. State of Incorporation **MASSACHUSETTS** 6 SIC Code **7286**

7 Brief Description of the Character of Business Conducted in Rhode Island  
**Civil Engineering, Land Surveying, Landscape Architecture**

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

President Name <b>John E. Thomas</b>	Vice President Name <b>Richard P. Kosian</b>
Street Address <b>7 Norfolk Lane</b>	Street Address <b>12 Richard's Road</b>
City <b>Holliston</b> State <b>MA</b> Zip <b>01746</b>	City <b>Lynnfield</b> State <b>MA</b> Zip <b>01940</b>
Secretary Name <b>Mary-Ellen Odone</b>	Treasurer Name <b>Mary-Ellen Odone</b>
Street Address <b>2 Ward Street</b>	Street Address <b>2 Ward Street</b>
City <b>Southborough</b> State <b>MA</b> Zip <b>01772</b>	City <b>Southborough</b> State <b>MA</b> Zip <b>01772</b>

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

Director Name <b>John E. Thomas</b>	Director Name <b>Richard P. Kosian</b>
Street Address <b>7 Norfolk Lane</b>	Street Address <b>12 Richard's Road</b>
City <b>Holliston</b> State <b>MA</b> Zip <b>01746</b>	City <b>Lynnfield</b> State <b>MA</b> Zip <b>01940</b>
Director Name <b>John J. Griffin, Jr.</b>	Director Name <b>Gerald D. McLellan</b>
Street Address <b>18 Jaegar Terrace</b>	Street Address <b>45 School Street</b>
City <b>Jamaica Plain</b> State <b>MA</b> Zip <b>02130</b>	City <b>Boston</b> State <b>MA</b> Zip <b>02108</b>

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

Number of Shares	Class/Series	Par Value
<b>15,000</b>	<b>COMM NO PAR VALUE</b>	

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

Number of Shares	Class/Series	Par Value
<b>1,000</b>	<b>Common</b>	

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



File Date: 5-29-03  
Check No: 6363  
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: Mary-Ellen Odone Date: 5-27-03  
Print or Type Name of Officer: Mary-Ellen Odone

Treasurer  
Title of Officer

OR SECRETARY OF STATE USE ONLY

**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. **73194** 2. Name of Corporation **BEALS and THOMAS, INC.**

3. Street Address Principal Business Office **144 Turnpike Road** City **Southborough** State **MA** Zip **01772**

4. Business Phone No. **508-366-0560** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **7286**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Civil Engineering, Land Survey, Landscape Architecture**

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

President Name **John E. Thomas**  
Street Address **7 Norfolk Lane**  
City **Holliston** State **MA** Zip **01746**

Vice President Name **Richard P. Kosian**  
Street Address **12 Richard's Road**  
City **Lynnfield** State **MA** Zip **01940**

Secretary Name **Mary-Ellen LaFreniere**  
Street Address **2 Ward Street**  
City **Southborough** State **MA** Zip **01772**

Treasurer Name **Mary-Ellen LaFreniere**  
Street Address **2 Ward Street**  
City **Southborough** State **MA** Zip **01772**

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

Director Name **John E. Thomas**  
Street Address **7 Norfolk Lane**  
City **Holliston** State **MA** Zip **01746**

Director Name **Richard P. Kosian**  
Street Address **12 Richard's Road**  
City **Lynnfield** State **MA** Zip **01940**

Director Name **John J. Griffin, Jr.**  
Street Address **18 Jaegar Terrace**  
City **Jamaica Plain** State **MA** Zip

Director Name **Gerald D. Mclellan**  
Street Address **45 School Street**  
City **Boston** State **MA** Zip **02108**

**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**

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



\* 7 3 1 9 4 \*

File Date: 1-10-02

Check No.: 4643

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] 01/08/2002  
Signature of Officer Date

Mary-Ellen LaFreniere  
Print or Type Name of Officer

Treasurer  
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. **73194** 2. Name of Corporation **BEALS and THOMAS, INC.**

3. Street Address Principal Business Office **144 TURNPIKE ROAD** City **SOUTHBOROUGH** State **MA** Zip **01772**  
4. Business Phone No. **508-366-0560** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **7286**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**CIVIL ENGINEERING, LAND SURVEY, LANDSCAPE ARCHITECTURE**

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

President Name <b>JOHN E. THOMAS</b> Street Address <b>7 NORFOLK LANE</b> City <b>HOLLISTON</b> State <b>MA</b> Zip <b>01746</b>	Vice President Name <b>RICHARD P. KOSIAN</b> Street Address <b>12 RICHARD'S ROAD</b> City <b>LYNNFIELD</b> State <b>MA</b> Zip <b>01940</b>
Secretary Name <b>MARY-ELLEN LAFRENIERE</b> Street Address <b>2 WARD STREET</b> City <b>SOUTHBOROUGH</b> State <b>MA</b> Zip <b>01772</b>	Treasurer Name <b>MARY-ELLEN LAFRENIERE</b> Street Address <b>2 WARD STREET</b> City <b>SOUTHBOROUGH</b> State <b>MA</b> Zip <b>01772</b>

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

Director Name <b>JOHN E. THOMAS</b> Street Address <b>7 NORFOLK LANE</b> City <b>HOLLISTON</b> State <b>MA</b> Zip <b>01746</b>	Director Name <b>RICHARD P. KOSIAN</b> Street Address <b>12 RICHARD'S ROAD</b> City <b>LYNNFIELD</b> State <b>MA</b> Zip <b>01940</b>
Director Name <b>JOHN J. GRIFFIN, JR.</b> Street Address <b>18 JAEGAR TERRACE</b> City <b>JAMAICA PLAIN</b> State <b>MA</b> Zip	Director Name <b>GERALD D. MCLELLAN</b> Street Address <b>45 SCHOOL STREET</b> City <b>BOSTON</b> State <b>MA</b> Zip <b>02108</b>

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>15,000 COMM NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>1,000</b>	<b>COMMON</b>	

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



\* 7 3 1 9 4 \*

File Date: 2/26  
2002

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.

Mary-ellen Lafreniere 02/22/2001  
Signature of Officer Date

MARY-ELLEN LAFRENIERE  
Print or Type Name of Officer

TREASURER  
Title of Officer



**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. **73194** 2. Name of Corporation **BEALS and THOMAS, INC.**  
 3. Street Address Principal Business Office **144 TURNPIKE ROAD** City **SOUTHBOROUGH** State **MA** Zip **01772**  
 4. Business Phone No **508-366-0560** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **7286**  
 7. Brief Description of the Character of Business Conducted in Rhode Island  
**CIVIL ENGINEERING, LAND SURVEY, LANDSCAPE ARCHITECTURE**

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

President Name <b>JOHN E. THOMAS</b>	Vice President Name <b>RICHARD P. KOSIAN</b>
Street Address <b>7 NOTFOLK LANE</b>	Street Address <b>12 RICHARDS ROAD</b>
City <b>HOLLISTON</b> State <b>MA</b> Zip <b>01746</b>	City <b>LYNNFILED</b> State <b>MA</b> Zip <b>01940</b>
Secretary Name <b>MARY-ELLEN LAFRENIERE</b>	Treasurer Name <b>MARY-ELLEN LAFRENIERE</b>
Street Address <b>2 WARD STREET</b>	Street Address <b>2 WARD STREET</b>
City <b>SOUTHBOROUGH</b> State <b>MA</b> Zip <b>01772</b>	City <b>SOUTHBOROUGH</b> State <b>MA</b> Zip <b>01772</b>

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

Director Name <b>JOHN E. THOMAS</b>	Director Name <b>RICHARD P. KOSIAN</b>
Street Address <b>7 NORFOLK LANE</b>	Street Address <b>12 RICHARDS ROAD</b>
City <b>HOLLISTON</b> State <b>MA</b> Zip <b>01746</b>	City <b>LYNNFILED</b> State <b>MA</b> Zip <b>01940</b>
Director Name <b>JOHN J. GRIFIN, JR</b>	Director Name <b>GERALD D. MCLELLAN</b>
Street Address <b>18 JAEGAR TERRACE</b>	Street Address <b>43 SCHOOL STREET</b>
City <b>JAMAICA PLAIN</b> State <b>MA</b> Zip	City <b>BOSTON</b> State <b>MA</b> Zip <b>02108</b>

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
15,000	COMMON	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	COMMON	

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



\* 7 3 1 9 4 \*

File Date: 1-13-00  
 Check No.: 24950  
 By: AMF

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.

Mary-ellen Lafreniere 01/12/2000  
 Signature of Officer Date  
**MARY-ELLEN LAFRENIERE**  
 Print or Type Name of Officer  
**TREASURER**  
 Title of Officer



**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. 73194  
2. Name of Corporation BEALS AND THOMAS, INC.  
3. Street Address Principal Business Office 200 FRIBERG PARKWAY City WESTBOROUGH State MA Zip 01581  
4. Business Phone No. (508) 366-0560 5. State of Incorporation MASSACHUSETTS 6. SIC Code 7286  
7. Brief Description of the Character of Business Conducted in Rhode Island CIVIL ENGINEERING, LAND SURVEY, LANDSCAPE ARCHITECTURE

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

President Name JOHN E. THOMAS Street Address 7 NORFOLK LANE City HOLLISTON State MA Zip 01746 Secretary Name HARRY A HANSON, III Street Address 101 FEDERAL STREET City BOSTON State MA Zip 02110	Vice President Name RICHARD P. KOSIAN Street Address 12 RICHARDS ROAD City LYNNFIELD State MA Zip 01940 Treasurer Name MARY-ELLEN LAFRENIERE Street Address 2 WARD STREET City SOUTHBOROUGH State MA Zip 01772
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9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name JOHN E. THOMAS Street Address 7 NORFOLK LANE City NORFOLK State MA Zip 01746 Director Name JOHN J. GRIFFIN, JR. Street Address 18 JAEGAR TERRACE City JAMAICA PLAIN State MA Zip	Director Name RICHARD P. KOSIAN Street Address 12 RICHARDS ROAD City LYNNFIELD State MA Zip 01940 Director Name GERALD D. MCLELLAN Street Address 45 SCHOOL STREET City BOSTON State MA Zip 02108
---	--

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
15,000	COMMON	

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
1,000	COMMON	

RECEIVED  
MAY 20 10 52 AM '99  
01940

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

**FILED**

MAY 28 1999

By DA #55  
223951

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.

Mary Ellen Lafreniere 5.27.1999  
Signature of Officer Date

MARY-ELLEN LAFRENIERE

Print or Type Name of Officer

TREASURER

Title of Officer

**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. 73194 2. Name of Corporation BEALS AND THOMAS, INC.  
3. Street Address Principal Business Office 200 FRIBERG PARKWAY City WESTBOROUGH State MA Zip 01581  
4. Business Phone No. (508) - 366 - 0560 5. State of Incorporation MASSACHUSETTS 6. SIC Code 7286

7. Brief Description of the Character of Business Conducted in Rhode Island  
CIVIL ENGINEERING, LAND SURVEY, LANDSCAPE ARCHITECTURE

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

President Name <u>JOHN E. THOMAS</u> Street Address <u>7 NORFOLK LANE</u> City <u>HOLLISTON</u> State <u>MA</u> Zip <u>01746</u>	Vice President Name <u>RICHARD P. KOSIAN</u> Street Address <u>12 RICHARDS ROAD</u> City <u>LYNNFIELD</u> State <u>MA</u> Zip <u>01940</u>
Secretary Name <u>HARRY A. HANSON, III</u> Street Address <u>101 FEDERAL STREET</u> City <u>BOSTON</u> State <u>MA</u> Zip <u>02110</u>	Treasurer Name <u>MARY-ELLEN LAFRENIERE</u> Street Address <u>2 WARD STREET</u> City <u>SOUTHBOROUGH</u> State <u>MA</u> Zip <u>01772</u>

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

Director Name <u>JOHN E. THOMAS</u> Street Address <u>7 NORFOLK LANE</u> City <u>HOLLISTON</u> State <u>MA</u> Zip <u>01746</u>	Director Name <u>RICHARD P. KOSIAN</u> Street Address <u>12 RICHARDS ROAD</u> City <u>LYNNFIELD</u> State <u>MA</u> Zip <u>01940</u>
Director Name <u>JOHN J. GRIFFIN, JR.</u> Street Address <u>18 JAEGAR TERRACE</u> City <u>JAMAICA PLAIN</u> State <u>MA</u> Zip <u>02108</u>	Director Name <u>GERALD D. MCLELLAN</u> Street Address <u>45 SCHOOL STREET</u> City <u>BOSTON</u> State <u>MA</u> Zip <u>02108</u>

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares <u>15,000</u>	<u>COMMON</u>	

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares <u>1,000</u>	<u>COMMON</u>	

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

File Date: 9.24.98  
Check No.: 22121  
By: UP

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 Mary-ellen Lafreniere Date 5.27.98

Print or Type Name of Officer MARY-ELLEN LAFRENIERE

Title of Officer TREASURER

**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. **73194** 2. Name of Corporation **BEALS and THOMAS, INC.**  
3. Street Address Principal Business Office **200 FRIBERG PARKWAY** City **WESTBOROUGH** State **MASSACHUSETTS** Zip **01581**  
4. Business Phone No. **(508) 366-0560** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **7286**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**CIVIL ENGINEERING, LAND SURVEY, LANDSCAPE ARCHITECTURE**

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

President Name <b>JOHN E. THOMAS</b> Street Address <b>7 NORFOLK LANE</b> City <b>HOLLISTON</b> State <b>MA</b> Zip <b>01746</b>	Vice President Name <b>RICHARD P. KOSIAN</b> Street Address <b>12 RICHARDS ROAD</b> City <b>LYNNFIELD,</b> State <b>MA</b> Zip <b>01940</b>
Secretary Name <b>GERALD D. MCLELLAN</b> Street Address <b>45 SCHOOL STREET</b> City <b>BOSTON</b> State <b>MA</b> Zip <b>02108</b>	Treasurer Name <b>MARY-ELLEN LAFRENIERE</b> Street Address <b>2 WARD ROAD</b> City <b>SOUTHBOROUGH</b> State <b>MA</b> Zip <b>01772</b>

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

Director Name <b>JOHN E. THOMAS</b> Street Address <b>7 NORFOLK LANE</b> City <b>HOLLISTON</b> State <b>MA</b> Zip <b>01746</b>	Director Name <b>RICHARD P. KOSIAN</b> Street Address <b>12 RICHARDS ROAD</b> City <b>LYNNFIELD</b> State <b>MA</b> Zip <b>01940</b>
Director Name <b>JOHN J. GRIFFIN, JR.</b> Street Address <b>18 JAEGAR TERRACE</b> City <b>JAMAICA PLAIN</b> State <b>MA</b> Zip	Director Name <b>NONE</b> Street Address 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
15,000	COMMON		1,000	COMMON	

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



File Date: 4/19/97  
Check No: 20455  
By: LCV

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: Mary-ellen Lafreniere Date: 7.10.97  
Print or Type Name of Officer: Mary-ellen Lafreniere  
Title of Officer: Treasurer

# 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. 73194 2. NAME OF CORPORATION BEALS and THOMAS, INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE  
200 FRIBERG PARKWAY CITY WESTBOROUGH STATE MA ZIP CODE 01581

4. BUSINESS PHONE NO. (508) 366-0560 5. STATE OF INCORPORATION MASSACHUSETTS 6. SIC CODE 7286

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
PROFESSIONAL CONSULTING INCLUDING LAND SURVEY, CIVIL ENGINEERING, LANDSCAPE ARCHITECTURE AND ENVIRONMENTAL PLANNING AND PERMITTING.

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME <u>JOHN E. THOMAS</u>	VICE PRESIDENT NAME <u>JAMES R. WATERMAN</u>
STREET ADDRESS <u>7 NORFOLK LANE</u>	STREET ADDRESS <u>10 KENDALL DRIVE</u>
CITY <u>HOLLISTON</u> STATE <u>MA</u> ZIP CODE <u>01746</u>	CITY <u>WESTBOROUGH</u> STATE <u>MA</u> ZIP CODE <u>01581</u>
SECRETARY NAME <u>NONE</u>	TREASURER NAME <u>JOHN E. THOMAS</u>
STREET ADDRESS	STREET ADDRESS <u>7 NORFOLK LANE</u>
CITY	CITY <u>HOLLISTON</u> STATE <u>MA</u> ZIP CODE <u>01746</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME <u>JOHN J. GRIFFIN, JR.</u>	DIRECTOR NAME <u>JOHN E. THOMAS</u>
STREET ADDRESS <u>18 JAEGER TERRACE</u>	STREET ADDRESS <u>7 NORFOLK LANE</u>
CITY <u>JAMAICA PLAIN</u> STATE <u>MA</u> ZIP CODE	CITY <u>HOLLISTON</u> STATE <u>MA</u> ZIP CODE <u>01746</u>
DIRECTOR NAME <u>JAMES R. WATERMAN</u>	DIRECTOR NAME
STREET ADDRESS <u>10 KENDALL DRIVE</u>	STREET ADDRESS
CITY <u>WESTBOROUGH</u> STATE <u>MA</u> ZIP CODE <u>01581</u>	CITY

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	COMMON	NO PAR	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

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: 1/23/96  
 Check No: 17801  
 By: Jmy 10P  
 For Secretary of State Use Only

[Signature]  
 Signature of Officer  
JOHN E. THOMAS  
 Print or Type Name of Officer  
 PRESIDENT  
 Title of Officer  
 Date

DETACH BOTTOM BEFORE RETURNING



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

Corporate ID: 0073194 Annual Report for the year: 1995

Name of Corporation: BEALS and THOMAS, INC.

Business entity organized under the laws of the State of: Massachusetts Business Entity is (check one):

For foreign entity, address and telephone number of principal office:  
200 Friberg Parkway  
Westborough, Massachusetts 01581  
 [ X ] Business Corporation (See RIGL Chapter 7-1.1)  
 [ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( 508 ) 366-0560  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
259 Pond Shore Drive  
Charlestown, Rhode Island

Brief statement of the character of business conducted in Rhode Island:  
land surveying, civil engineering,  
landscape architecture, environmental  
planning

Phone: ( 401 ) 364-4096

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

John E. Thomas 7 Norfolk Lane Holliston, MA 01746

VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

James R. Waterman 25 Nash Street Westborough, MA 01581

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

John E. Thomas 7 Norfolk Lane Holliston, MA 01746

**THE NAMES OF THE DIRECTORS ARE:**

NAME STREET ADDRESS CITY/STATE ZIP CODE

John E. Thomas 7 Norfolk Lane Holliston, MA 01746

NAME STREET ADDRESS CITY/STATE ZIP CODE

John J. Griffin, Jr. 18 Jaeger Terrace Jamaica Plain, MA

NAME STREET ADDRESS CITY/STATE ZIP CODE

James R. Waterman 25 Nash Street Westborough, MA 01581

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
15000	common	1000	common

**PAID**  
 JAN 25 1995  
 SEC. OF STATE

Date January 20, 1995

By: John E. Thomas  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
 TITLE OF OFFICER SIGNING

**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.

JOHN E. THOMAS  
 259 POND SHORE DRIVE  
 CHARLESTOWN RI 02813

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT *CA# 015222 mac*  
State of Rhode Island and Providence Plantations *5000*  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401 277-3040

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

Corporate ID: 0075194 Annual Report for the year: 1994

Name of Business Entity: BEALS and THOMAS, INC.

Business entity organized under the laws of the State of Massachusetts

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:  
200 Enderg Parkway  
Westborough, MA 01581

Phone: (508) 366-0560

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)  
259 Pond Shore Drive  
Charlestown, RI

Phone: (401) 364-4096

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-11)  
 Professional Service Corporation (See RIGL Chapter 7-51)  
 Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:  
Mary Ellen LaFreniere, Controller  
Beals and Thomas, Inc  
200 Enderg Parkway  
Westborough, MA 01581

Brief statement of the character of business conducted in Rhode Island:  
land surveying, civil engineering,  
landscape architecture, environmental  
planning  
Date of Organization: May 23, 1984  
Date of Qualification to do business in Rhode Island (if foreign entity):  
June 24, 1993

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER OR  PRESIDENT (SEE NOTE)  
NAME: John E. Thomas STREET ADDRESS: 7 Norfolk Lane CITY/STATE: Holliston, MA ZIP CODE: 01746  
 CHIEF OPERATING OFFICER OR  VICE PRESIDENT (SEE NOTE)  
NAME: James R. Waterman STREET ADDRESS: 25 Nash Street CITY/STATE: Westborough MA ZIP CODE: 01581  
 CUSTODIAN OF RECORDS OR  SECRETARY (SEE NOTE)

CHIEF FINANCIAL OFFICER OR  TREASURER (SEE NOTE)  
NAME: John E. Thomas STREET ADDRESS: 7 Norfolk Lane CITY/STATE: Holliston, MA ZIP CODE: 01746

THE NAMES OF THE DIRECTORS ARE:

NAME: John E. Thomas STREET ADDRESS: 7 Norfolk Lane CITY/STATE: Holliston, MA ZIP CODE: 01746  
NAME: John J. Griffin, Jr. STREET ADDRESS: 18 Jaeger Terrace CITY/STATE: Jamaica Plain, MA ZIP CODE: 01962  
NAME: James R. Waterman STREET ADDRESS: 25 Nash Street CITY/STATE: Westborough, MA ZIP CODE: 01581

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	<u>15000</u>	NUMBER	<u>1000</u>
CLASS	<u>Common</u>	CLASS	<u>Common</u>
SERIES		SERIES	<u>FILED</u>
PAR VALUE OR WITHOUT PAR	<u>no par</u>	PAR VALUE OR WITHOUT PAR	<u>no par</u>

Date: March 31, 1994

By: [Signature]  
John E. Thomas  
PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
TITLE OF OFFICER SIGNING

Form 21 1994

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

JOHN E. THOMAS  
259 POND SHORE DR.  
CHARLESTOWN RI 02800