

401-277-3040

PROFIT CO	ORPORATION	ANNUAL	REPORT	FOR	THE	YEAR	2005
Filling Period: las	nuary 1-March 1 .	Elling Co			~	- 2711	-1000

rilling Period: J.	anuary 1-March 1 •	Filing Fee: \$50.00			Z.LII
FORM MUST BE TYPE		-			INSTRU
1. Corporate ID No.	2 Name of Corner	ation			
75294	T.A.	3			
3. Street Address Pfincipa	ol Business Office	olivers, the	, City	***	
693 Sol	al Business Office Merset Avena	e	Taunton	State MA	7.1p 02780
(4M) 210	- //^	5. State of Incorporatio	n		6. SIC Code
7. Brief Description of the	-663) e Character of Business Conducted	in Rhode Island	Eslano		414
General	. Contracting E	14510055			
President Name	DDRESSES OF THE OFF	ICERS ("X" BOX FOR ATTA			
	011.		Vice President Name		
I NOM a 3 Street Address	reichat		Thomas Pe		
_693 Sci	nerset Avenue		693 Same	erset Avenae	
سد	Stútě	Zip	City	State State	Zip
Secretary Name	Pelchot merset henue MA	02780	Taunton,	MA	02780
Thomas +	Pelcha+				
ureri Anaress			Thomas Sueer Address	1 E/Cha+	
_693 SOM	erset Avenue		693 Smea	set henue	
سهد	State	Zip	City	State	Zip
Taunton,	114	00 780	Townton.	M	62720
7. NAMES AND AL Director Name	DDRESSES OF THE DIRI	ECTORS ("X" BOX FOR AT	TACHMENT)	• • • •	- ,2-
-1 n	1 / 1		Director Name		
Thomas fo	elchat erset frenue Ma		•		
100 6	, 1		Street Address		
673 30M	erset trenue				
	State	Zip	City	State	Zip
Jaunton,	MA	02780			
meetor Name	•	·	Director Name		•
treet Address					
			Street Address		
ity	State	Zip	City	State	Zip
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UTHORIZED SHARES	STREET CA BOX FOR ATTA	ICHMENI)		("X" BOX FOR ATTACHMENT)	
umber of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	C)	
,			comper of shares	Glass/Series	Par Value
600	\$ 1.00	Par Value	600	Common	\$ 1.00

He Date:	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 artists
y:	Thomas Polcho + Print or Type Name of Officer Fresion + Tile of Officer



Check No.

FOR SECRETARY OF STATE USE ONLY

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

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

(FORM MUST BE TYPED	y I - March I • IN BLACK)	Filing Fee: \$50.00			_ _
1. Corporate ID No.	2. Name of Cor			·	
75294	T.P. Builde	ers, Inc.			
3. Street Address Principal	Business Office		City	State	Zip
693 SOMERSET A	VENUE		TAUNTON	MA	02780-
4. Business Phone No.		5. State of Incorpor			6. SIC Code
(401) 965-6631		RHODE ISLA	AND		414
7. Brief Description of the C TO OPERATE A GEN	Character of Business C ERAL CONTRACTIN	onducted in Rhode Island IG BUSINESS.		<u> </u>	1
8JNAMES AND ADDE	RESSESOFUTEO	FICERS (*XPBOX FO)	MITACHMENT) OFFICE IN	SZĄTSTROLENIA SZ	FIVAGE INTERCES
THOMAS PELCHAT			Vice President Name THOMAS PELCHA		
Street Address			Street Address	<u> </u>	
693 SOMERSET AVENUE			. 693 SOMERSET	Maria	
City	State	Zip			
TAUNTON	MA	02780	City	State	Zip
Secretary Name		102700	TAUNTON Treasurer Name	MA	02780
THOMAS PELCHAT			THOMAS PELCHAT	Γ	
Street Address			· Street Address		
693 SOMERSET AVENUE			.693 SOMERSET A	VENUE	
City	State	Zip	*City	State	
TAUNTON	MA	02780	TAINTON	Ma	Zφ
PANAMES AND ADDR	ESSES OPTERED	RECTORS CYCEAN C	DATE CHILD INTO A	TVA	02780
Director Name THOMAS PELCHAT			Director Name		ATTACISII NIS
Street Address		·	· Street Address		
693 SOMERSET AV	ENUE		•		
City	State	Zip	•City	State	Zip
TAUNTON	JMA	02780	•	l.	
Director Name			Director Name	• • • • • • • • • • • • •	
Street Address			· Street Address		
			* Street Address		
City	State	Zip	·City	I Para	
			•	State	Zip
10. SHARESAUTHOR	IZED COXTROY FOR	Managara (E)	th acres to the area		
AUTHORIZED SHARES		(ATTACHILENTY) (L)		THE WATER AND COUNTY	<i>D</i>) ■
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Charles	
600 \$1 00 BAB VALL	ıc		The most of briefes	Class/Series	Par Value
600 \$1.00 PAR VALL	<u></u>		600	COMMON	\$ 1.00
This remost must be al-					
inis report must be sig	ined in ink by eith	er the President, Vice	President, Secretary, Ass	istant Secretary, Treasu	rer. Receiver or Trustee
				•	,
I/ (888) BIHD	NER RIN DIE				
7 5	11010 10111 310 2 9 4				
	_ - •		Under penalty of p	erjury, I declare and affirm (that I have examined
*75204 DDC 04/05/2	14.00.40.70	 -	unis report, includir	ng any accompanying sched	ules and statements,
*75294 DBC_01/28/0	⊬ 08:48:58 AM *		and that all stateme	nts contained herein are tru	e and correct.

Signature of Office THOMAS PELCHAT Print or Type Name of Officer PRESIDENT

Title of Officer

Form 630 12/01



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 200.3 Filing Period: January 1-March 1 • Filing Fee: \$50.00



	N RI SCR)				T.
(FORM MUST BETYPED I 1. Corporate ID No.	2. Name of Corpo	ration			
75274 3. Street Address Principal Bu		Builders, INC	City	State	
693 Some		S. State of Incorporation		MA	zip CiP 9)
(528) 872 - 7. Brief Description of the Ch	0275 aracter of Business Conducted	in Rhode Island	SLAND		6. SIC Code - 04/
CITIONTE Y 8. NAMES AND ADE President Name	PRESSES OF THE OF	FICERS ("X" BOX FOR ATT.			
Thomas Pelo	hat		Vice President Name		
Street Address	of hours		Street Address	Lame -	
City	of Avenue MA	Zip	City	State	Zip
Taun tem, secretary Name	14	02190	Treasurer Name		
Street Address	Some -		Street Address	Somo	-
	<u> </u>		_		
City	State	Zip	City	State	Zip
9. NAMES AND ADD	State	zip ECTORS ("X" BOX FOR AT	•		Zip ·
9. NAMES AND ADD	RESSES OF THE DIR	•	•		Zip · .
9. NAMES AND ADD Director Name Thomas Pelc	RESSES OF THE DIR	•	TTACHMENT)		Zip
9. NAMES AND ADD Director Name Thomas Pelc	RESSES OF THE DIR	•	TTACHMENT) Director Name		Zip Zip
9. NAMES AND ADD Director Name Thomas Pelc	RESSES OF THE DIR	ECTORS ("X" BOX FOR A"	TTACHMENT) Director Name Street Address	State	
On NAMES AND ADD Director Name Thomas Pelo direct Address 693 Somers City Taunton Director Name	RESSES OF THE DIR	ECTORS ("X" BOX FOR A"	TTACHMENT) Director Name Street Address City	State	
O. NAMES AND ADD Director Name Thomas Pelcitreet Address Somers Ly Taunton Director Name	RESSES OF THE DIR	ECTORS ("X" BOX FOR A"	TTACHMENT) Director Name Street Address City Director Name	State	
O. NAMES AND ADD Director Name Thomas Polcitives Address Stry Taunton Director Name treet Address Gry O. SHARES AUTHOR	RESSES OF THE DIR WAT State State	ECTORS ("X" BOX FOR AS Zip OB 170	TTACHMENT) Director Name Street Address City Director Name Street Address City	State	Zip Zip
9. NAMES AND ADD Director Name	RESSES OF THE DIR WAT State State	ECTORS ("X" BOX FOR AS Zip OB 170	TTACHMENT) Director Name Street Address City Director Name Street Address City	State	Zip Zip

1.11, 03	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.
Check No.:	Signature of Office Date
ву:	Thermas Polahet Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN	BLACK)				
I. Corporate ID No.	2. Name of Corpora				
15294 3. Street Address Principal Bus	TP R.	ilvers, Inc			
3. Street Address Principal Bus	iness Office			State	7 1-
693 Somerse	al Locus		Taunten, Island	31016	Zip
C / J SOMETSE	et prenie	f. Chata addissa	Taunten,	MIT	42780
(57) 00-		5. State of Incorpora	tion		6. SIC Code
(200 / 1/22 -CO)	25 racter of Business Conducted I	Khoda	Island		
r. Brief Description of the Chai	racter of Business Conducted I.	n Rhode Island			
(anthanto	<u>. </u>				
B. NAMES AND ADDI	RESSES OF THE OFFI	CERS ("X" BOX FOR AT	TACHMENT)	•	
resident Name			Vice President Name		•
Thomas Pelo	hat				
I homas Pelo liteet Address 693 Somerso	PM		Street Address	1	
693 /2000	, 1		Server Mauress	Same	
The Achiel 20	+ ternue	•	a		
, 	MA	Zip	City	State	Zip
bunton,	MH	03780		,	
ecretary Name			Treasurer Name	•	
				/	
treet Address	C 0 -	•	Street Address	Same -	. •
- v	Same -				•
ilty	1 State	Zip	City	State	71
		.,	5,	State	Zip
NAMES AND ADDE	DECCEC AT THE DIRE	CTORE (ava any ana			
Rector Name	RESSES OF THE DIRE	CIORS ("X" HOX FOR			•
Pliector Name Thomas lelo treet Addiess 693 Somerse ily	. 1		Director Name		
/hamas ie/c	HAT				
ireet Address	4	·	Street Address		
693 Samersen	t Benue				
ity	State	21p	City	State	Zip
Taunton	MA	0272			
Irector Name	,	120	Director Name		
reet Address					
			Street Address		
10	a. .				
lty	State	Zip	City	State	ZIp
0. SHARES AUTHORI	ZED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)	
UTHORIZED) SHARES			ISSUED SHARES		•
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	0 1/-1
•			remote of shares	Classyseries	Par Value
o D	Common	\$1.00	/ _	1	\$ 1.00
	Common	F 1,20	600	Commons	1.00
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report must be 31	Sucu in ink by citie	er the riesident, Vi	ce President, Secretary, As	sistant Secretary, Treasu	rer, Receiver or Tr

Th rustee

ile Date:	1-17-02	Under penalty of perjury, I declare a this report, including any accompan that all statements contained herein	ying schedules and statements, and
Theck No.:	11389	Signature of Officer	1/9/03 Date
le:	Ze	Thomas Polichat	
OR SECRETARY	OF STATE USE ONLY	Title of Officer	



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00



•	, - , - , - , - , - , - , - , - , - , -	11111/2 1 66. \$50.00			. (INSIR
(FORM MUST BE TYPED IN	BLACK)				
1 Corporate ID No.	2. Name of Corpora				
75294 3. Street Address Principal Busin	ness Office T. P. Buil	locs, tuc.	City	State	Zip
693 SOMERS		5. State of Incorporation	Taunton,	MA	02720
(528) 822 - C 7. Brief Description of the Chard	77 75 acter of Business Conducted i	n Rhode Island			6. SIC Code
Contractor	, 				
President Name	ESSES OF THE OFFI	CERS ("X" BOX FOR ATTACH	MENT) Vice President Name	•	
Thomas Pelch	at	CERS (*X* BOX FOR ATTACH , Zip O2780, ~SOY	vice resident teame		
693 Somers	et Avenue	,	Street Address	Some	;
City	State	Zip	City	State	· Zip
Taunton Secretary Name	MA	02780 5074	Treasurer Name		• • • • • • •
_			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Street Address	ne		Street Address	Sones-	
City	State	· Zip	City	State	Zip
9. NAMES AND ADDR	ESSES OF THE DIRE	CTORS ("X" BOX FOR ATTAC	CHMENT)		
Director Name			Director Name		
Thomas Pelcha			Street Address		
693. Somersen	- Avenue				
	State MA	Zip	City	State	Zip
Taun ton, Director Name	/nn	00120-5014	Director Name	• • •	
Street Address			Street Address		
City	State	Zip	City	State	ZIp
City					
10. SHARES AUTHORIZ	LED (*x* box for atta	CHMENT)		("X" BOX FOR ATTACHMENT.	,
10. SHARES AUTHORIZ	Class/Series	CHMENT) Par Value	11. SHARES ISSUED ISSUED SHARES Number of Shares	("X" BOX FOR ATTACHMENT.	
10. SHARES AUTHORIZ			ISSUITED STARRES		Por Value

10 - 19-0 /	Under penalty of perjury, I declare and affir this report, including any accompanying solutions that all statements contained herein are true	hedules and statements, and
Theck No.: 11325	Signature of Office	10/15/0/ Date
OR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer	
	Title of Officer	



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00



10. SHARES AUTHO	RIZED (*X* BOX FOR ATTA	CHMENT)	·	("X" BOX FOR ATTACHMEN	•
City	State	Zip	City	State	Zip
Street Address			Street Address		
Director Name			Director Name		
City	State	Zip	City	State	Zip
Street Address Sam	re -		Street Address		
9. NAMES AND AD Director Name	DRESSES OF THE DIRE	CTORS (*X* BOX FOR	ATTACHMENT) Director Name		
City	State	Zip	City	State	Zip
Street Address	Some -		Street Address	Same -	
Secretary Name	/VI4	0278	Treasurer Name		••
Taunton.	set Acrus	Zip A.D	City	State	Zip
Thomas Posice Address	e/chat		Street Address	Same -	
President Name			Vice President Name		
8. NAMES AND AD	DRESSES OF THE OFFI	CERS ("X" BOX FOR A	TTACHMENT)		
978) 629-	26 22 Character of Buslness Conducted in		octon ,		6. SIC Code
693 Som 4. Business Phone No.	ersot Avenu	S. State of Incorpora	Taunton,	M	0018
3. Street Address Principal	2. Name of Corporal T. P. Bu Business Office	vibèrs, Za	city Taunton,	State	Zip
(FORM MUST BE TYPED		at			

	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, as
-: V ₁ , O	that all statements contained herein are true and correct.
ile Date: PA 15 VOA65	16/0
heck No.:	Signature of Offices Date
SECTOR OF STATE	Print or Type Name of Officer
OR SECRETARY OF STATE USE ONLY	Pray.



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00



IN BLACK)				
				122
2. Name of Corpor	Builders, Inc	<u>د</u> .		
			State	Zip
	3. State of Incorporali	on Taunton,	119	52780 6. SIC Code
72 haracter of Business Conducted	in Rhode Island	TSLOND		0414
ەر-				
ORESSES OF THE OFF	ICERS ("X" BOX FOR ATI	ACHMENT)		
		Vice President Name		
chat		Street Address		
set Avenue	,	Sittle Address) amo	
State	Zip	City	State	Zip
/NH	02780			
		Treasurer Name		
ame		Street Address	Samo	
State	Zip	City	State	Zip
				,
RESSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT)		
		Director Name		
ame,		Street Address		
Stote	Zip	City	State	7:-
				, Zip
	••	Director Name	* - * *	. 219
		Director Name Street Address	• ••	. E-1p
State	 Zip		State	Zip
State IZED ("X" BOX FOR ATTA	·	Street Address City 11. SHARES ISSUED	State *X* BOX FOR ATTACHMEN	Zip
IZED ("x" BOX FOR ATTA	ACHMENT)	Street Address City 11. SHARES ISSUED (ISSUED SHARES		Zip
	·	Street Address City 11. SHARES ISSUED		Zip
	usiness Office Set Avenue Paracter of Business Conducted ORESSES OF THE OFF Chat State State RESSES OF THE DIRI ORESSES OF THE	S. State of Incorporate S. State of Incorporate Rhode Paracter of Business Conducted in Rhode Island COTESSES OF THE OFFICERS ("X" BOX FOR ATI Chat Set Avenue State Zip MA Di 180 State Zip State Zip State Zip MA Di 180 RESSES OF THE DIRECTORS ("X" BOX FOR A	usiness Office The Builders, Inc. S. State of Incorporation Rhode Island Rhode Island To RESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name First State Zip City MA DO 280 Treasurer Name Street Address State Zip City MA DO 180 The Street Address Street Address	State of Incorporation Set Avenue S. State of Incorporation Rhode Island Tounton, MA 172 Anatotic of Business Conducted in Rhode Island Tounton, Rhode Island Tounton, MA Rhode Island Tounton, MA Rhode Island Tounton, MA Place Tounton, MA Rhode Island Tounton, MA State Tounton, MA Street Address State Treasurer Name Street Address State Sta

11/2/2/99	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.
Check No.:	Signature of Officer Date
»	Thomas Politat
OR SECRETARY OF STATE USE ONLY	fitte 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.	2. Name of Corpora	itlan			
3. Street Address Principal Bus.	TPR	12.			
3. Street Address Principal Bus.	iness Office	UIDERS, Lie,	City	State	7.lp
3. Street Address Principal Bus. 693 Somer. 4. Business Phone No.	set Avenue		Taunton,	114	•
4. Business Phone No.		5. State of Incorporation	iddina,	1001	02723 6. SIC Code
508 822 - 06	25	R_{\perp}			0414
7. Brief Description of the Char	racter of Business Conducted	n Rhode Island			07//
Contracto	<u></u>				
8. NAMES AND ADDI	RESSES OF THE OFF	CERS ("X" BOX FOR ATTACH	MENT)		
President Name			Vice President Name	•	
Thomas Pell Sueet Addiess 693 Samel	CHAT				
Street Address	• •		Street Address		
693 Sanei	set france	,		Jame.	
City	State	Zip	City -	State	Zip
Taunton,	MA	02120-5014	•		
Secretary Name		0120 0017	Treasurer Name	• • • • • • • • • • • • • • • • • • • •	•
	^				
Street Address	ama		Street Address	<	
_			*	Some	
Cily	State	Zip	City	State	· Zip
Director Name	_	CTORS ("X" BOX FOR ATTAC	Director Name		
itreet Address	one		Street Address		
	The state of the s		Street Address		
City	State	Zip	City	State	71a '
		•	,,	3.0.0	Zip
Director Name		•	Director Name	• •	
treet Address			Street Address		
City	State	Zip	City	State	Zip
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0. SHARES AUTHORIZ	ZED (*x* box for atta	CHMENT)	11. SHARES ISSUED	O ("X" BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUED SHARES		
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10	p	\$ low Par		A	
400	Common	tewlar	600	Common	& Infa
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		,			
his report must be sig	zned in ink by eithe	er the President Vice Pe	ecident Cocenta- A	ssistant Secretary, Treasure	,
,	,	The Freshaelle, vice Fig.	convent, sectetary, A.	aaratatit aecretary, ireasure	r. Receiver or Trus

ee

		Under penalty of perjury, I declare and this report, including any accompanyi that all platements contained herein as	ng schedules and statements, and
ile Date:	3)9	That all franches to the same and the same as the same	e true and correct.
heck No.;	18597	Signature of Office	3/3/92 Date
·	Zip Carl	Thomas Relchat	<u></u>
OR SECRETARY OF		Title of Officer	



City

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

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporaje ID No. 2. Name of Corporation Buildres, INC. 3. Street Address Principal Business Office 339 Angell Street 4. Business Phone No. 5. State of Incorporation (508) 822-0275 7. Brief Description of the Character of Business Conducted in Rhode Island Construction 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Thomas Street Address City ZIp Taunton Treasurer Name Street Address Street Address City City Zip9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address City City State Z.Ip Director Name Director Name Street Address Street Address State City State Zio 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES **ESSUED SHARES** Number of Shares Class/Series Par Value Number of Shares 600

File Date: 3.3.97	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.
Check No.: 10435	Signature of Office Date
Ву:	Thomas Polchat Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer

PROFIT CORPORATON ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

Filing Fee: \$50.00	ary 1-Warch 1		*	Providence, Ri	100 North Main Street node Island 02903-1335 • (401) 277-3
1. CORPORATE ID NO.	2. NAME OF CORPORA	PLEAS	E TYPE OR PRINT IN BLACK INK.		
3 STREET ADDRESS PRINCIPAL	TP	Builders,	Inc.		
ı			city	STATE	ZIP CODE
BUSINESS PHONE NO.	ANGELL S	5. STATE OF INCORPORA	PROVIDENCE	RI	02906
(508)826	HARACTER OF BUSINESS CONDUCTE	RT			6 SAC CODE 04/4
CONTRA	CTOP				
PRESIDENT NAME	PGLCHAH	ES AND ADD	VICE PRESIDENT NAME	OFFICERS	
693 Sc	MERSGT	Ave.	STREET ADDRESS		
T AU NJON	STATE	ZIP COOE 102780		STATE	ZIP CODE
SAME			TREASURER HAVE SAME		
STREET ADDRESS			STREET ADDRESS		
ITY	STATE	ZIP COOE	CITY	STATE	ZIP CODE
IRECTOR HAME	9. NAME	S AND ADD	RESSES OF THE	DIRECTORS	
TREET ADDRESS			STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·
ITY	STATE	ZIP COOE	CITY	STATE	ZIP CODE
RECTOR NAME		<u> </u>	DIRECTOR NAME		6001
REET ADDRESS			STREET ADDRESS		·
TY			1		
	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	1 0	SHARES AU	THORIZED AND 1	SSUED	
NUMBER OF SHARES	AUTHORIZED SHARESCLASS/SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS/SERIES	PAR VALUE
600	COMMON	\$ 1,00	600	Common	\$1,00

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 hat this report, including any accompanying schedules and and that all statements contained herein are true and contained herein are true and contained herein are true.	detalamente
Signature of Officer	
Thomas PELCHAT	
Print or Type Name of Officer	
PresiDENT	
Title of Officer	Date

File Date: 4/15/96 (0398 1 Check No: By: .

For Secretary of State Use Only

Filing Fee \$50.00 Payable to Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations Office of The Secretary of State File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March (

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID: 75294	Annual Repo	ort for the year: 1995		
Name of Business Entity: TP Business,		·		
Business entity organized under the laws of the State of: RT	 _	Entity is (check one):		
Federal Taxpayer Identification Number: . For foreign entity, address and telephone number of principal office		Business Corporation (See RIGL Professional Service Corporation Limited Liability Company (See I	(See RIGL Chapte	er 7-5.i)
	Name, title	le and mailing address of contact per cations may be directed.		
	——————————————————————————————————————			
Phone: ()		Someiset Avenue		
Address and telephone of the principal office of business entity in F	·	<u>- , , , , , , , , , , , , , , , , , , ,</u>	-00//	 -
Island (Provide street address - Not P.O. Box): 339 Angell Street	Brief state	ment of the character of business co	onducted in Rhode	
Promoses, RI 02966				
	Date of Or	rganization: 1/5/94		
Phone: (508) 822 - 25 25	Date of Qu	ualification to do business in Rhode	Island (if foreign e	entity):
	AMES OF THE OFFICER	PC ADE-		
COME EXECUTIVE OFFICER OF PRESIDENT SCIENCE ONE	STRUET ADDRESS	CITY/STATE		ZIP CODE
CHIEF UPPRATISCIONICE OR (FYICE PRESIDENTICIONALO)	STREET ADDRESS	Taunton MA	02780	-52 94 22 000
CUSTODIAN OF RECORDS OR SECRETARY (Chick Onc)	STREET ALKERESS	CITYSTAIL	//	ZIPC-ODE
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NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF	SHARES ISSUED AND OUTSTA	ANDING (If Appli	cable
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