

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 838478

1. Entity Name
IMTRA CORPORATION



Principal Place of Business
**30 SAMUEL BARNET BLVD
NEW BEDFORD, MA 02745**

Mailing Address
**30 SAMUEL BARNET BLVD
NEW BEDFORD, MA 02745**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-2137249

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DICKSON, ED
700 WAVECREST AVE
INDIALANTIC, FL 32903**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	FARNHAM, WILLIAM H., JR.
STREET ADDRESS	15 WEST RIVER ROAD
CITY-ST-ZIP	MARION, MA
TITLE	V
NAME	BRAITMAYER, ERIC A
STREET ADDRESS	311 CONVERSE RD
CITY-ST-ZIP	MARION, MA
TITLE	SD
NAME	ROGERSON, WILLIAM G.
STREET ADDRESS	33 PIER 7
CITY-ST-ZIP	CHARLESTOWN, MA 02129
TITLE	T
NAME	ROGERSON, EDWARD S
STREET ADDRESS	231 RANDOLPH AVE
CITY-ST-ZIP	MILTON, MA
TITLE	P
NAME	BISHOP, FRANCIS N
STREET ADDRESS	163 MATHEWSON RD
CITY-ST-ZIP	BARRINGTON, RI
TITLE	V
NAME	FARNHAM, CHARLES I
STREET ADDRESS	118 ALFRED DROWNE
CITY-ST-ZIP	BARRINGTON, RI

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01/20/06-80001-019 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward S. Rogerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06 508-995-7000
Date Daytime Phone #

EDWARD S. ROGERSON