

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005786

FILED  
Feb 13, 2005  
Secretary of State

Entity Name: MATRIX MECHANICAL SERVICES, INC.

## Current Principal Place of Business:

59 DAVIS DR  
PASCOAG, RI 02859

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 32  
PASCOAG, RI 02859

## New Mailing Address:

FEI Number: 05-0518106

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: JARRY, DAVID  
Address: 507 MENDON ROAD  
City-St-Zip: NORTH SMITHFIELD, RI 02896

Title: WV ( ) Delete  
Name: AHERN, RICHARD  
Address: 276 SPRING STREETE  
City-St-Zip: ROCKVILLE, RI 02873

Title: STD ( ) Delete  
Name: MOORE, RONALD JR.  
Address: 21 SCHOOL STREET  
City-St-Zip: WARNERSVILLE, NH 03276

Title: VP ( ) Delete  
Name: KENNEDY, JOHN J JR  
Address: 50 PILGRIM DR.  
City-St-Zip: LITCHFIELD, NH 03052

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: WV (X) Change ( ) Addition  
Name: AHERN, RICHARD  
Address: 430 SNAKE MEADOW HILL RD  
City-St-Zip: STERLING, CT 06377

Title: STD (X) Change ( ) Addition  
Name: MOORE, RONALD JR.  
Address: 21 SCHOOL STREET  
City-St-Zip: WARNER, NH 03276

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID R JARRY

CP

02/13/2005

Electronic Signature of Signing Officer or Director

Date