



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>188427</b>		2. Name of Corporation Lanier and Associates Consulting Engineers, Inc.			
3. Street Address Principal Business Office 4101 Magazine Street			City New Orleans	State LA	Zip 70115
4. Business Phone No. 504-895-0368		5. State of Incorporation Louisiana			
6. Brief Description of the Character of Business Conducted in Rhode Island Lanier is a multi-disciplined consulting engineering firm that addresses the needs of industry.					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name E. Sorrell Lanier			Vice President Name Gilbert Chatagnier		
Street Address 4101 Magazine Street			Street Address 4101 Magazine Street		
City New Orleans	State LA	Zip 70115	City New Orleans	State LA	Zip 70115
Secretary Name Eleanor B. Lanier			Treasurer Name Eleanor B. Lanier		
Street Address 4101 Magazine Street			Street Address 4101 Magazine Street		
City New Orleans	State LA	Zip 70115	City New Orleans	State LA	Zip 70115
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name E. Sorrell Lanier			Director Name Eleanor B. Lanier		
Street Address 4101 Magazine Street			Street Address 4101 Magazine Street		
City New Orleans	State LA	Zip 70115	City New Orleans	State LA	Zip 70115
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	No	1,000	Common	No
10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date: **FILED**  
Check No.: **AUG 29 2008**  
By: **16034**  
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: **Gilbert J. Chatagnier** Date: **12 Aug '08**  
Print or Type Name: **GILBERT J. CHATAGNIER**  
Title: **Exec. V.P.**