

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615

401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

In accordance with R.I.G.L., 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law

1. ID No.	2. Evaci	2. Exact name of the limited liability company					
127817	AUGE	ERI ENGINEERING, LLC					
3. State of Formation		<del></del>		s which is actually conducted in Rhode Island			
RHODE ISLAND ENGINEERING BUSINESS							
5. Principal office address			City	State	Zip		
P.O. BOX 378			Wyoming	RI	02817		
6. MAILING ADD	RESS OF L	IMITED LIABI	LITY COMPANY AND NA	ME OR TITLE OF CONTACT PERSO	N:	•	
Jeff Augeri				Contact Title			
Street Address	. 1		·	Manager			
19 Marie Court			City	State	$Z\psi$		
naric doutt				West Greenwich	RI	02817	
7. NAME AND AD	DRESS OF	F EACH MANAC	GER OF THE LIMITED LI	ABILITY COMPANY, IF APPLICABI	E - DO NOT	LIST MEMBERS	
		FILL IN S	PACES BEFORE USING A	ATTACHMENTS ("X" BOX FOR ATTA	CHMENT)		
Manager Name				Manager Name			
Jeff Augeri				Tracy Augeri			
Street Address				Street Address			
19 Marie Court				19 Marie Court			
City		State	Zip	City	State	Zip	
West Green	wicn	RI	02817	West Greenwich	RΙ	02817	
Manager Name	•			Manager Name	******************	••••••••••••••••••••••	
Street Address				Street Address			
<u>-</u>							
СЦу		State	Zip	City	State	Zip ,	
O DECEMBER LOS						4º may	
Agent Name	NT IN RH	ODE ISLAND -	DO NOT ALTER - Chang	ges require filing of Form 642 - B	.I.G.L. 7-16-1	1	
"				Address			
MARGARET L. ST	ELE					5.7	
Address				City	Zip		
6 CANAL STREET				WESTERLY	WESTERLY 02891-		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

	FILED h
File Date	OCT, 1 8 2007
Check No.	By 039836
Ву:	
F	OR 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.

MANAGER

Print or Type Name of Authorized Person