



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

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 (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 154929		2. Exact name of the limited liability company Level Design Group LLC			
3. State of Formation MASSACHUSETTS		4. Brief description of the character of the business which is actually conducted in Rhode Island Engineering Services			
5. Principal office address 365 East Washington Street Unit# 2		City North Attleboro	State MA	Zip 02760	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Robert Truax			Contact Title Principal		
Street Address 365 East Washington St. Unit #2		City North Attleboro	State MA	Zip 02760	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Robert Truax			Manager Name Joyce Hastings		
Street Address 365 East Washington St. Unit# 2		Street Address 365 East Washington St. Unit# 2			
City North Attleboro	State MA	Zip 02760	City North Attleboro	State MA	Zip 02760
Manager Name --			Manager Name --		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CORPORATION SERVICE COMPANY			Address		
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888		

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

FILED	
File Date	SEP 26 2007
Check No.	
By: 592	
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.

Robert Truax 9/12/07
Signature of Authorized Person Date
Robert Truax
Print or Type Name of Authorized Person