Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

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

| <i>(FORM MUST BE TYPE</i> | ED OR PRINTED IN BLA | (CK) | | | | | |
|--|--|-----------------------------|--|--------------------------|-------------|-------|--|
| 1. ID No. 127502 | 2. Exact name of the lin Arden Engineering | , , , | С | | | | |
| 3. State of Formation | 4. Brief descrip | tion of the character of th | he business which is actually conducte | ed in Rhode Island | | | |
| RHODE ISLAND | To engage | in the busines | s of mechanical, electr | rical and fire c | onstruction | | |
| 5. Principal office address | | City | State | Zip | | | |
| 505 Narragansett Park Drive | | Pawtucket | RI | 02861 | | | |
| 6. MAILING ADDI Contact Name Robert M. Bol | | LIABILITY COMP | ANY AND NAME OR TITLE **Contact Title **Member** | OF CONTACT PE | RSON: | | |
| Street Address | | | City | State | Zip | | |
| 505 Narragansett Park Drive | | | Pawtucket | RI | 02861 | | |
| Manager Name None | ANY MODIFICATIONS | TO MANAGERS REC | UIRES FILING OF AMENDMENT. • Manager Name • | R.I.G.L. 7-16-12 (a) (2) | / 7-16-52 | | |
| Street Address | | | • Street Address | | | | |
| City | State | Zip | *City | State | Zip | | |
| Manager Name | | ! | Manager Name | | | | |
| Street Address | | | •Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| 8. RESIDENT AGEN Agent Name Joseph J. Reale, | un translatur juan eta | TD -DO NOT ALTER- C | changes require filing of | Form 642 - R.I.GL. | 7-16-11 | | |
| Address | | | City | City | | Zip | |
| 30 Kennedy Plaza, Suite 400 | | | Providence | Providence | | 02903 | |
| | | | • | | • | | |

This report must be signed in ink by an authorized person pursuant to 7-16-66.



| *140172* | FILED | | |
|---------------------|---------------------|--|--|
| File Date Check No. | OCT 23 2007 | | |
| By: | By 2/388 | | |
| FOR SECRETAR | Y OF STATE USE ONLY | | |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, that all statements contained herein are true and correct.

Signature of Authorized Person Robert M. Bolton

Print or Type Name of Authorized Person