



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 02904-2611
401.222.3044

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
aw (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

| | |
|------------------------------|--|
| 1. Corporate ID No. 86785 | 2. Name of Corporation Northeast Consulting Engineers, Inc. |
|------------------------------|--|

| | | | |
|---|-----------------|-------------|--------------|
| 3. Street Address Principal Business Office 74 HOLTEN STREET | City DANVERS | State MA | Zip 01923 |
|---|-----------------|-------------|--------------|

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|-------------------------------------|--|
| 4. Business Phone No. 9787778339 | 5. State of Incorporation MASSACHUSETTS |
|-------------------------------------|--|

5. Brief Description of the Character of Business Conducted in Rhode Island
To Engage in the Practice of and to Provide Engineering Services.

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|-------------------------------------|-----------------------------|
| President Name John W. Mroszczyk | Vice President Name None |
| Street Address 7 Day Avenue | Street Address |
| City Danvers | City |
| State MA | State |
| Zip 01923 | Zip |

| | |
|-------------------------------------|-------------------------------------|
| Secretary Name John W. Mroszczyk | Treasurer Name John W. Mroszczyk |
| Street Address 7 Day Avenue | Street Address 7 Day Avenue |
| City Danvers | City Danvers |
| State MA | State MA |
| Zip 01923 | Zip 01923 |

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|------------------------------------|----------------|
| Director Name John W. Mroszczyk | Director Name |
| Street Address same as above | Street Address |
| City | City |
| State | State |
| Zip | Zip |

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

| AUTHORIZED SHARES | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
|-------------------|-------------------|-----------|--|--------------|-----------|
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 15,000 | Comm No Par Value | | 1,000 | Common | No Par |
| | | | | | |

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.

FILED
JAN 28 2008
By DS 7300

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: John W. Mroszczyk 1/12/08
Date: _____
Print or Type Name: John W. Mroszczyk