



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. 124300		2. Name of Corporation DESIGN ENGINEERING CONSULTANTS, INC.			
3. Street Address Principal Business Office 720 Washington St, Oxford Bldg, MA 02339 HANOVER		City HANOVER	State MA	Zip 02339	
4. Business Phone No. 781-826-4550		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF ENGINEERING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FULL IN SPACES BEFORE USING ATTACHMENTS					
President Name Edward J Demone			Vice President Name		
Street Address 12 MERIGOLD CIRCLE			Street Address		
City ATTLEBORD	State MA	Zip 02703	City	State	Zip
Secretary Name EDWARD J. DEMONE			Treasurer Name		
Street Address 12 MERIGOLD CIRCLE			Street Address		
City ATTLEBORD	State MA	Zip 02703	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FULL IN SPACES BEFORE USING ATTACHMENTS					
Director Name EDWARD J DEMONE			Director Name		
Street Address 12 MERIGOLD CIRCLE			Street Address		
City ATTLEBORD	State MA	Zip 02703	City	State	Zip
Director Name EDWARD J. DEMONE			Director Name		
Street Address 12 MERIGOLD CIRCLE			Street Address		
City ATTLEBORD	State MA	Zip 02703	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES -- THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200,000 NO PAR VALUE	COMMON	0.0	0	COMMON	0

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.

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: Edward J Demone Date: 2/26/08  
Print or Type Name: Edward J. DEMONE  
Title: PRESIDENT

<b>FILED</b>	
File Date	FEB 27 2008
Check No.	4430
By	
FOR SECRETARY OF STATE USE ONLY	