

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 2008

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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 (bere)) is subject to a penalty fre of \$25.00.

128847	2 Exact name of the limit St. Jean Engi	ed Bability company neering, LLC					
3. State of Formation Rhode Island		on of the character of the b	nisiness which is actually conducted in Rhode	: Island			
5. Principal office address 1145 Middle Road			East Greenwich	State RI	2\$\phi \ 02818		
6. mailing addres Richard St. Jean	S OF LIMITED LIAB	ILITY COMPANY AN	D NAME OR TITLE OF CONTACT To Contact Title Member	PERSON:			
Street Address			City	State	Zψ		
1145 Middle Roa 7. name and addr	ESS OF EACH MANA	GER OF THE LIMIT SPACES BEFORE US	East Greenwich Ed Liability company, if appling attachments ("X" box following attachment ("X" box following attachme	RI ICABLE - <u>DO NO'</u> RATTACHMENT) [02818 T LIST MEMBERS		
Manager Name no managers			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
Сиу	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State -	Zip		
8. RESIDENT AGENT This information is cur		Office of the Secretary	of State. Changes require filing of Fo	orm 642 - R.I.G.L. 7-	16-11		

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

File Date FILED	
Check No SEP 2 6 2008	
B)By X	
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.

Richard St. Jean, Authorized person

Print or Type Name of Authorized Person