

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 2009
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- subject to a penalty fee of \$25.00.	1501(e), each corporation fo	ailing or refusing to file its ann	ual report within thirty (30) days	ufter the time prescribed by la	w (R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No.	2. Name of Corporation	Dowdell	Engineerin	g, luc.	
3 Street Address Principal Business 3949 Old	office POSTRO	d	Charleston	'n State RI	<sup>zip</sup> 02813
4. Business Phone No. 401-364-	1027	5. State of Incorporation,	Island		
6. Brief Description of the Character	of Business Conducted in F HAINEEL	,	d Surveyi	ng	
7. NAMES AND ADDRESSES		Z. /	. · · · · · · · · · · · · · · · · · · ·	ACES BEFORE USING	ATTACHMENTS
President Name William Dowdell			Vice President Name		
Street Address 3949 Old Post Road			Street Address		
Charlestown	State Z	<sup>zip</sup> 02813	Ciŋ <sup>,</sup>	State	Zip
secretary Name William Dowdell			Treasurer Name		
Street Address 39490/d Post Road			Street Address		
Charles town	State	Zip 028/3	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT.  Director Name			ACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name		
Street Address 3949 (	Id Post	Road	Street Address		
City hardpstown	State RI	Zip 028/3	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED  500 NO PAR VALUE			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			None		
			1		
This report must be executed this report must be executed	on behalf of the corp	poration by an authorize oration by the receiver of	d representative. If the cor or trustee.	poration is in the hand	s of a receiver or trustee,
					that I have examined this report,
FILED		]	including any accompanying schedules and statements, and that all statements contained herein are true and correct		
File Date TAN 2 8 200	<u>g</u>		MMam At Would 1/27/09 Signature Date		
Check No.			William D. Dowdell		
Ву:			Print or Type Name  Diresillent		
FOR SECRETARY OF ST.	ATE USE ONLY		Title		