



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 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. 7-1.2-1501(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. 121169		2. Name of Corporation C & E Engineering Partners			
3. Street Address Principal Business Office 342 Park Avenue			City Woonsocket	State RI	Zip 02895
4. Business Phone No. 4017621711		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To establish a civil/environmental engineering consulting firm					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas B. Nicholson			Vice President Name Russell L. Houde, Jr.		
Street Address 29 Fisher Street			Street Address P.O. Box 1042		
City E. Providence,	State RI	Zip 02914	City Slatersville	State RI	Zip 02876
Secretary Name Jonathan S. Gerhard			Treasurer Name Russell L. Houde, Jr.		
Street Address 342 Park Street			Street Address P.O. Box 1042		
City Woonsocket	State RI	Zip 02895	City Slatersville	State RI	Zip 02876
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Thomas B. Nicholson			Director Name Russell L. Houde, Jr.		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Director Name Jonathan S. Gerhard			Director Name N/A		
Street Address same as above			Street Address		
City	State	Zip	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
600 No par value			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.

File Date	1-30-09
Check No.	3393
By:	MNC
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.

Signature _____ Date _____
Thomas B. Nicholson
Print or Type Name
President
Title