

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. 7-1.2-150).

1. Corporate ID No. 160419	Able Engi	2. Name of Corporation Able Engineering, Inc.						
3. Street Address Principal Business Office 291 Long Highway			Chy.	State RI	2tp 02837			
i. Business Phone No. (401) 592-1302 5. State of Incorporation Rhode Island					02007			
Civil Engineering a	Character of Business Conding nd Land Surveying				<u> </u>			
7. NAMES AND ADI	DRESSES OF THE OFF	FICERS: ("X" BOX FOR ATT	ACHMENT)   FILL IN S	SPACES BEFORE USIN	IC ATTACHMENTE			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATT President Name Donald J. Medeiros			Vice President Name Ellen M. Peoples					
Street Address 291 Long Highway			Street Address 291 Long Highway					
Little Compton	RI RI	<sup>Zip</sup> 02837	City Little Compton	State RI	Ζψ 02837			
Recetary Name Ellen M. Peoples			Treasurer Name Donald J. Medeiros					
Street Address 291 Long Highway			Street Address 291 Long Highway					
Little Compton	State RI	<sup>Zip</sup> 02837	Little Compton	State RI	Zip 02837			
Prector Name  Joseph R. Marion,  Preet Address		ECTORS: ("X" BOX FOR AT	TACHMENT)   FILL IN Director Name	SPACES BEFORE USI	ING ATTACHMENTS			
one Citizens Plaza			Street Address					
Providence	State RI	<i>Zip</i> <b>02903</b>	City	State	Zip			
ivector Name			Director Name					
trea Addres			Street Address					
71:	State	Zip	City	State	Ζίψ			
	SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
SHARES AUTHORI	ZED		ISSUED SHARES THE STORE	TON MAKE THE TOTAL THE TANK				
his information is cu	arrently of record in th	e Office of the Secretary C	ISSUED SHARES — THIS SECT	ION <u>MUST</u> BE COMPLETE	D			
his information is cu tate. Changes requi		e Office of the Secretary of See Section 9 of	ISSUED SHARES — THIS SECT Number of shares	TON MUST BE COMPLETE  Class/Series  NE	Par Value  0.01			
his information is cu	arrently of record in th	e Office of the Secretary of See Section 9 of	ISSUED SHARES — THIS SECT Number of shares	TON MUST BE COMPLETE  Class/Series	Par Value			

File Date FILED
Check 1 7 2009
By 1387
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare	e and affirm that I ha	ive exa	mined	this report
including any accompanying sche contained herein/are/frue/and port	dules and statement	s, and t	hat all	statements
Warld & MU	Mu	Z ate	/1/	09
Print or Type Name	MEDE	iR	<u>os</u>	·
PRESIDENT	<u> </u>			
Title		Form 63	0 Rev.	08/08