

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).				(min 6.5.) 1,2 1,501(10 k))	
1. Corporate ID No. 89718	Saren Eng	2. Name of Corporation Saren Engineering, Inc.				
3. Street Address Principal Business Office 270 Farmington Avenue			City Farmington	State CT	^{Zip} 06032	
4. Business Phone No. 5. State of Incorporation CONNECTICUT						
6. Brief Description of the Chard CONSULTING ENEGIN	acter of Business Condu IEERING SERVIC	cted in Rhode Island CES.				
7. NAMES AND ADDRES President Name	SSES OF THE OFF	ICERS: ("X" BOX FOR ATTA		SPACES BEFORE USING	G ATTACHMENTS	
Robert O. Jorgensen			Vice President Name			
Street Address 210 Spielman Highway			Stroet Address			
cin Burlington	State CT	<i>7ip</i> 06013	City	State	Zip	
Secretary Name Susan S. Jorgensen			Treasurer Name			
Street Address 210 Spielman Highway			Street Address			
City Burlington	State CT	^{Zφ} 06013	City	State	Zip	
8. NAMES AND ADDRES Director Name	SSES OF THE DIR	ECTORS: ("X" BOX FOR ATT	TACHMENT) T FILL I Director Name	N SPACES BEFORE USI	NG ATTACHMENTS	
treet Address			Stroet Address			
City	State	Zip	City	State	Zip	
Director Name	••••••	······································	Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			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	
			200		no par value	
This report must be execu	uted on behalf of t	he corporation by an authorize	ed representative. If the	corporation is in the han	ds of a receiver or trustee	
his report must be execu	ted on behalf of th	e corporation by the receiver	or trustee		The state of the s	
			Under penalty of	perjury, I declare and affirm	n that I have examined this re	
	2 11 00	,	including any acc contained herein	companying schedules and sare true and correct.	tatements, and that all stater	
File Date	-16-09		Susan	S. lorgense	w 3/13/09	
Check No 3	883		Signature	0	Date	
CIRCA IVO.	mmn		Susan S.	Jorgensen	,	
Ву:	1010C	<u> </u>	Print or Type Nam			
FOR SECRETARY O	F STATE USE ONLY		Sec'y/Tre	asurer		
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