



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. 87728		2. Name of Corporation LIAO ASSOCIATES, INC.	
3. Street Address Principal Business Office 625 BEDFORD STREET		City E. BRIDGEWATER	State MA
4. Business Phone No. (508) 378-7440		5. State of Incorporation MASSACHUSETTS	
6. Brief Description of the Character of Business Conducted in Rhode Island THE BUSINESS OF PROVIDING GEOTECHNICAL, CIVIL, STRUCTURAL.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name MARK C. LIAO		Vice President Name NONE	
Street Address 50 NORMAN DRIVE		Street Address	
City TIVERTON	State RI	City	State
Zip 02878		Zip	
Secretary Name MARK C. LIAO		Treasurer Name MARK C. LIAO	
Street Address 50 NORMAN DRIVE		Street Address 50 NORMAN DRIVE	
City TIVERTON	State RI	City TIVERTON	State RI
Zip 02878		Zip 02878	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name MARK C. LIAO		Director Name	
Street Address 50 NORMAN DRIVE		Street Address	
City TIVERTON	State RI	City	State
Zip 02878		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED 20,000 COMM NO PAR VALUE			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares 14,200		Class/Series	Par Value
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.			

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.

FILED

MAR 24 2009

File Date	By MD
Check No.	1018
By	29-84564
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 **MChen** Date **2/20/2009**
Print or Type Name **MARK C. LIAO**
Title **PRESIDENT**