

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).

subject to a penalty fee of \$25.0	0.			s ugier ine isme prescribea by ta	ры (К.1.(3.L. 7-1.2-1501(сСа))	
1. Corporate ID No. <b>83006</b>	2. Name of Con AEC Envir	2. Name of Corporation AEC Environmental Consulting, LTD				
3. Street Address Principal Business Office 694 Annaquaticket Road			City North Kingstown	State RI	Ζφ 02852	
4. Business Phone No. 5. State of Incorporation 294-8249 Rhode Island			- Ant.			
	and related services	cted in Rhode Island is on all matters involving env ICERS: ("X" BOX FOR ATTA		PACES BEFORE USING	ATTACHMENTS	
President Name Michael Annarummo			Vice President Name Michael Annarummo			
Street Address 694 Annaquaticket Road			Street Address 694 Annaquaticket Road			
Շաչ North Kingstown	State RI	<sup>Zip</sup> 02852	City North Kingstown	State RI	24p 02852	
Secretary Name Michael Annarummo			Treasurer Name Michael Annarummo			
Street Address 694 Annaquaticket Road			Street Address 694 Annaquaticket Road			
City North Kingstown	State RI	02852	City North Kingstown	State RI	<sup>Zip</sup> 02852	
8. NAMES AND ADDRES  Director Name  Michael Annarummo		ECTORS: ("X" BOX FOR AT	TACHMENT)  FILL IN  Director Name	SPACES BEFORE USIN	G ATTACHMENTS	
Street Address 694 Annaquaticket Road			Street Address			
City  North Kingstown	State RI	<i>z</i> ψ 02852	СШу	State	Zip	
Director Name	J.i.W		Director Name			
Street Address			Stroet Address			
Сиу	State	Zip	Сйу	State	Zip	
9. SHARES AUTHORIZE	;D			 <i>("X" BOX FOR ATTAC.</i> TION <u>MUST</u> 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	
			100	Common	None	
	·					
This report must be executhis report must be execution	uted on behalf of th	he corporation by an authorize e corporation by the receiver	ed representative. If the c	prporation is in the hand	ls of a receiver or trustee	
	LED		Under penalty of peincluding anylaccor contained herdin ar	mpanying schedules and st	that I have examined this restricted that all states and that all states.	
Check No. MAY 1	334		Signature  No MAF  Print or Type Name	AUNACUMM	Date	
	OF STATE USE ONLY		Title Title	MARINE		
			i uic			