

Street Address Principal Business Office

4. Business Phone No

2. Name of Corporation

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

1970

401.222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 401.222.30 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(c), 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.

ENGINEERING

NC.

BEAR

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4. Business Phone No.		5. State of Incorporation			
502-834	4 - 9096 racter of Business Conducted in R		DELAWAR	<u>E</u>	
ENGINO	ERING CON	SULTANLY	CHMENT) □ FILL IN	SPACES BEFORE USING	ATTACHMENTS
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATT:  PRACH H. PATEL			Vice President Name		
Street Address 15 MIDDLE WALLOP DR.			Street Address		
BEAR	State DE	<sup>zip</sup> 19701	Cit <sub>l</sub> :	State	Zip
PARAC H. PATEL			Treasurer Name PAPAL H. PATEL		
Street Address 15 MIDDLE WALLOP DR.			Street Address 16 MIDDLE WALLOP DR.		
BEAR	State DE	1 ' '	City BEAR	State DE	zip 19701
8. NAMES AND ADDRESS Director Name PAPA	SSES OF THE DIRECTOR		TACHMENT)  FILL IN	SPACES BEFORE USIN	G ATTACHMENTS
Considerate distribution			Street Address		
15 MIDDLE WALLOP DR.			Street Address		
BEAR	State D.G	19701	City	State	Zip
Director Name		******************	Director Name		
Street Address			Street Address		
City	State	Zip	City .	State	Zip
9. SHARES AUTHORIZE	σ '	I		 <i>("X" BOX FOR ATTACI</i> CTION <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		100
This report must be executhis report must be execu	uted on behalf of the corported on behalf of the corpo	oration by an authorize ration by the receiver of	or trustee. Under penalty of p	erjury, I declare and affirm t	s of a receiver or trustee.  that I have examined this report tements, and that all statement
File Date FILED  Check No AUG 2 4 200  By: By FOR SECRETARY O	9		Signature  PARAC  Print or Type Name	H. PATE	Aug. 21,200
			Title		Form 630 Rev. 08/08