



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 147590		2. Exact name of the limited liability company Wood Group Power GP, LLC			
3. State of Formation Nevada		4. Brief description of the character of the business which is actually conducted in Rhode Island Engine Repair			
5. Principal office address 17420 Katy Freeway, Suite 300		City Houston	State Texas	Zip 77094	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Katrina Sissons-Tapping		Contact Title Assistant Company Secretary			
Street Address 17420 Katy Freeway, Suite 300		City Houston	State Texas	Zip 77094	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Nicholas Blaskoski		Manager Name			
Street Address 15600 JFK Boulevard, Suite 500		Street Address			
City Houston	State Texas	Zip 77032	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Corporation Service Company		Address			
Address 222 Jefferson Boulevard, Suite 200		City Warwick	Zip 02888		

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CORPORATIONS DIV

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED

147590

SEP 08 2009

By *[Signature]*
29-98255

File Date	
Check No.	
By:	
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] 8 September 2009
Signature of Authorized Person Date
Katrina Sissons-Tapping
Print or Type Name of Authorized Person