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* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** 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.	2. Exact name of the limited liability company		
154929	Level Design Group, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
MA	Engineering Services		
5. Principal office address	City	State	Zip
60 Man Mar Drive, Unit# 12	Plainville	MA	02762

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Daniel Campbell	Principal		
Street Address	City	State	Zip
60 Man Mar Drive, Unit# 12	Plainville	MA	02762

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) ☐

Manager Name	Manager Name
Robert Truax	Joyce Hastings
Street Address	Street Address
19 Exchange Street	19 Exchange Street
City / State / Zip	City / State / Zip
Holliston / MA / 01746	Holliston / MA / 01746
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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

154929

[redacted]

[redacted]

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 of Authorized Person — *Date* 9/23/09

Robert Truax
Print or Type Name of Authorized Person

[redacted]

File Date FILED
Check No. OCT 01 2009
By: By 1384
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 08/08