



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.**

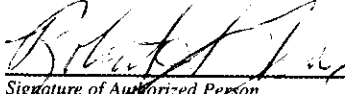
* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 154929		2. Exact name of the limited liability company Level Design Group, LLC			
3. State of Formation MA		4. Brief description of the character of the business which is actually conducted in Rhode Island Engineering Services			
5. Principal office address 60 Man Mar Drive, Unit# 12		City Plainville	State MA	Zip 02762	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Daniel Campbell			Contact Title Principal		
Street Address 60 Man Mar Drive, Unit# 12		City Plainville	State MA	Zip 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 Robert Truax			Manager Name Joyce Hastings		
Street Address 19 Exchange Street			Street Address 19 Exchange Street		
City Holliston	State MA	Zip 01746	City Holliston	State MA	Zip 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

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

File Date FILED
Check No. OCT 01 2009
By: By [Signature]
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