

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. 2. Exact name of the limited liability company								
1. ID No. 127502		· · · · · · · · · · · · · · · · · · ·						
	Araen	Engineering Constructors, LLC						
3. State of Formation 4. Brief description of the character of the business who				•				
Rhode Island To engage in the busines of mechanical, electrical and fire construction.								
5. Principal office address				City	State		Zip	
505 Narragansett Park Drive				Pawtucket	RI		02861	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:								
Contact Name				Contact Title				
				Member				
Street Address				City	State		Zip	
505 Narragansett Park Drive				Pawtucket	RI		02861	
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				
None.								
Street Address				Street Address				
Citv		State	Zip	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				Address				
Joseph J. Reale, Jr.				Joseph J. Reale, Jr., Ltd.				
Address				City Zip		Zip		
40 Westminster Street, Suite 703				Providence 029		02903	2903	

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

127502

File Date 10-14-09
Check No. 30457
By: MMC
FOR SECRETARY OF STATE USE ONLY

Onder 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

Robert M. Bolton

Print or Type Name of Authorized Person