

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 2011

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 (bere)) is subject to a penalty fee of \$25,00

1. ID No. 5 25810		t name of the limited liability company Engineering, LLC				
3. State of Formation 4. Brief description of the character of the built Engineering, Civil, Geotechnical			siness which is actually conducted in Rhode Island al, Structural, Environmental			
5. Principal office address 240 Barnes Road			City Harrisville	State Rhode Island	<i>Zip</i> 02830	
6. MAILING ADE Contact Name Ronald Daigna		ABILITY COMPANY AN	O NAME OR TITLE OF CONTACT Title Principal Engineer	CT PERSON:	•	
Street Address 240 Barnes Road			^{Cüy} Harrisville	State Rhode Island	<i>Zip</i> 02830	
7. NAME AND A			ED LIABILITY COMPANY, IF AI ING ATTACHMENTS ("X" BOX		T MEMBERS	
Manayer Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manayer Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Ζip	City	State	Zip	
	ENT IN RHODE ISLA s currently of record in	·=	of State. Changes require filing o	f Form 642 - R.I.G.L. 7-16-11	l	

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

FILED	
File DateSEP 13 2011	-
Check No. By MMC	_
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.

Ronald a. Dagault 11 Sep 2011
Signolure of Authorized Person Date

Ronald A. Daignault

Print or Type Name of Authorized Person