RALPH MOIL	State of Rhode Islar Office of tl	nd and Provi he Secretary		ONS Fee: \$50.00
Sector of State	148 Provide	n Of Business Se 3 W. River Stree ence RI 02904- 401) 222-3040	et	
Limited Liability C	ompany			
Annual Report Filing Period: Septemb				
file its annual report wit	G.L. 7-16-66(d), each limited hin thirty (30) days after the st to a penalty fee of \$25.00.			to
ANNUAL REPORT YE	AR: <u>2011</u>			
1. ID No. <u>000163278</u>				
2. Exact Name of the Limited Liability Company Underground Utility Consulting LLC				
3. State of Formatio	'n			
State: <u>RI</u>				
Municipal utility asset	t management services.			
No. and Street:				
City or Town:	<u>41 ADELE AVENUE</u> RUMFORD	State: RI	Zip: 02916	Country: USA
-	of Limited Liability Compar			
-		-		
Contact Name: <u>DAVI</u> No. and Street:	<u>D ARCHARD</u> Contact Title: 41 ADELE AVENUE	PRESIDENT		
City or Town:	RUMFORD	State: RI	Zip: <u>02916</u>	Country: <u>USA</u>
7. Name and Addres DO NOT LIST MEN	s of Each Manager of the IBERS	Limited Liabilit	y Company, if Apj	plicable.
Title	Individual Na	me	Ade	dress
	First, Middle, Last, S	Suffix	Address, City or Town,	State, Zip Code, Country
	IN RHODE ISLAND - DO NG Filing of Form 642 - R.I.G.L			
DAVID ARCHARD 4	1 ADELE AVENUE RUMFO	<u>RD</u> , <u>RI 02916-</u>		
9. This report must b	be executed by an authoriz	ed person purs	suant to R.I.G.L. 7-	16-66 (b).

Signed this 12 Day of May, 2012 at 7:30:36 AM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By <u>DAVID ARCHARD</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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