



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

|  |                          |  |  |                          |                     |
|--|--------------------------|--|--|--------------------------|---------------------|
| 1. Entity ID No.<br><b>22732</b>   |                          | 2. Exact name of the Corporation<br><b>Gage Consulting Engineers, Inc.</b> |  |                          |                     |
| 3. Principal office address<br><b>1301 West 22nd Street #210</b>   |                          |  | City<br><b>Oak Brook</b>   | State<br><b>Illinois</b> | Zip<br><b>60523</b> |
| 4. Business Phone No.<br><b>(630) 581-5421</b>   |                          |  | 5. State of Incorporation  |                          |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Engineering Consulting Services</b>                                      |                          |  |  |                          |                     |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>  |                          |  |  |                          |                     |
| President Name<br><b>John C. Bouse</b>   |                          |  | Vice-President Name  |                          |                     |
| Street Address<br><b>805 Country Club Drive</b>  |                          |  | Street Address   |                          |                     |
| City<br><b>LaGrange</b>  | State<br><b>Illinois</b> | Zip<br><b>60625</b>  | City   | State                    | Zip                 |
| Secretary Name   |                          |  | Treasurer Name   |                          |                     |
| Street Address   |                          |  | Street Address   |                          |                     |
| City   | State                    | Zip  | City   | State                    | Zip                 |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>   |                          |  |  |                          |                     |
| Director Name  |                          |  | Director Name  |                          |                     |
| Street Address   |                          |  | Street Address   |                          |                     |
| City   | State                    | Zip  | City   | State                    | Zip                 |
| Director Name  |                          |  | Director Name  |                          |                     |
| Street Address   |                          |  | Street Address   |                          |                     |
| City   | State                    | Zip  | City   | State                    | Zip                 |
| <b>9. SHARES AUTHORIZED</b>  |                          |  | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |                          |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. |                          |  | NUMBER OF SHARES   | CLASS/SERIES             | PAR VALUE           |
|  |                          |  | 10,000   | CNP                      | \$0.00              |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date: \_\_\_\_\_  
 Check No: \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**

FEB 11 2014

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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.

*John C. Bouse* 2/10/14  
 Signature of Authorized Representative Date

**John C. Bouse, President**

Print or Type Name of Authorized Representative