



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

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>146426</b>		2. Exact name of the limited liability company <b>Gary C. Lamond, PE, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Civil Engineering</b>			
5. Principal office address <b>194 Hatchery Rd</b>		City <b>No. Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name <b>Gary C. Lamond</b>		Contact Title <b>Owner</b>			
Street Address <b>194 Hatchery Rd</b>		City <b>No. Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT)					
Manager Name		Manager Name			
Street Address		Street Address			
City	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					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**Gary C. Lamond**  
**Gary C. Lamond, PE, LLC**  
**194 Hatchery Rd**  
**No. Kingstown, RI 02852**

**FILED**

**FEB 11 2016**

**By C 8890124**

**A.A. 10:40A.M.**

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2016 FEB 11 AM 10:38  
SECRETARY OF STATE  
CORPORATIONS DIV

File Date
Check No
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.

**Gary C. Lamond**  
Signature of Authorized Person  
**Gary C. Lamond**  
Print or Type Name of Authorized Person

**2/11/16**  
Date