



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 2013

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

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

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

FILED

FEB 11 2016

By C. 8890124
A.A. 10:39 A.M.

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.

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

2/11/16
Date