



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 2016

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. 227332		2. Exact name of the Corporation Gage Consulting Engineers, Inc.			
3. Principal office address 1301 W. 22nd Street, Suite 210		City Oak Brook		State IL	Zip 60523
4. Business Phone No. 630-472-0918		5. State of Incorporation IL			
6. Brief description of the character of business conducted in Rhode Island Engineering Consulting Services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John C. Bouse			Vice-President Name none		
Street Address 805 Country Club Drive			Street Address		
City La Grange	State IL	Zip 60525	City	State	Zip
Secretary Name Mary J. Glessner			Treasurer Name John C. Bouse		
Street Address 805 Country Club Drive			Street Address 805 Country Club Drive		
City La Grange	State IL	Zip 60525	City La Grange	State IL	Zip 60525
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name John C. Bouse			Director Name none		
Street Address 805 Country Club Drive			Street Address		
City La Grange	State IL	Zip 60525	City	State	Zip
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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
			1,142	CNP	\$0.0000

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

Form No. 630
Revised: 01/2012

FILED

FEB 22 2016

By KL 5196

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 02/16/2016
Signature of Authorized Representative Date

John C. Bouse
Print or Type Name of Authorized Representative