	State of Rhode Island and Providence Plantations	
	State of Rhode Island and Providence Plantations Department of State - Business Services	Division

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2016 SEP - 1 PM 12: 36

Annual Report for the year:	2016
Limited Liability Company	

→ Filing period: September 1 - November 1
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company						
000306040	Northeast Capital Project Services, LLC						
3. State of Formation	4. Brief des	cription of the ch	naracter of business conducted in Rh	iode Island			
RI	Project m	anagement co	onsulting and support.				
5. Principal Office Address	<u> </u>		City	State	Zip		
10 SQUIRREL LANE			EAST GREENWICH	RI	02818		
6. Mailing Address of Limited Lia	bility Compa	ny and Name or	Title of Contact Person				
Contact Name			Contact Title	Contact Title			
Street Address 10 SQUIRREL L	ANE		City EAST GREENWICH	State RI	^{Zip} 02818		
	nd addresses) of the Limited Li	iability Company, IF APPLICABLE -	DO NOT LIST I	MEMBERS		
Manager Name	<u></u> .	_	Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
					ndicate an attachment		
			record in the Department of State. Chan	nges require filing F	Form 642.		
	lare and affir	rm that I have ex	xamined this report, including any				
Name of Authorized Person							
Richard F. Hentz, Esq., Authorized Person					August 11, 2016		
Signature of Authorized Person SIGN DOCUMENT HERE							
7	7 4/	01014 5	OCOMENT FILITE				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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FORM 632 - Revised: 05/2016