

Annual Report for the year:	2014
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.

ESTATE STATE
2016 SEP -1 PM 12: 36

1. Entity ID Number	2. Exact name of the Limited Liability Company						
000306040	Northeast Capital Project Services, LLC						
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island						
RI	Project management consulting and support.						
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5. Principal Office Address			City	State	Zip		
10 SQUIRREL LANE			EAST GREENWICH	RI	02818		
6. Mailing Address of Limited Lia	bility Company a	nd Name or Title	of Contact Person				
Contact Name			Contact Title				
Street Address 10 SQUIRREL LANE			City EAST GREENWICH	State RI	^{Zip} 02818		
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
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		
		· · · · · · · · · · · · · · · · · · ·	Che	eck the box to indi	cate an attachment		
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.							
Under penalty of perjury, I dec statements, and that all statem				accompanying s	chedules and		
Name of Authorized Person				Date *			
Richard F. Hentz, Esq., Authorized Person			August 11, 2016				
Signature of Authorized Person SIGN DOCUMENT HERE							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 01 2016 A.A.12:37 p.m