



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2016

**1. ID No.** 001053098

**2. Exact Name of the Limited Liability Company** Gary K. Munkelt and Associates, LLC

**3. State of Formation**

State: PA

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

54

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

GARY K. MUNKELT & ASSOCIATES PREPARES & SEALS ENGINEERING DOCUMENTS FOR OUR CLIENTS' PRODUCTS. THESE PRODUCTS INCLUDE, BUT ARE NOT LIMITED TO, MATERIAL HANDLING STRUCTURES SUCH AS STORAGE RACKS, SIGNS, AND UNDERGROUND PRECAST CONCRETE STRUCTURES.

**5. Principal Office Address**

No. and Street: 1180 WELSH ROAD, SUITE 190

City or Town: NORTH WALES

State: PA Zip: 19454 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: SALLY JO CARROLL Contact Title: OFFICE MANAGER

No. and Street: 1180 WELSH ROAD, SUITE 190

City or Town: NORTH WALES

State: PA Zip: 19454 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

| Title | Individual Name | Address |
|-------|-----------------|---------|
|-------|-----------------|---------|

First, Middle, Last, Suffix

Address, City or Town, State, Zip Code, Country

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

NORTHWEST REGISTERED AGENT, LLC. ONE RICHMOND SQUARE, SUITE 125B PROVIDENCE ,  
RI 02906

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 3 Day of October, 2016 at 12:56:42 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.***

By GARY K. MUNKELT  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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