State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: 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 Limi	ted Liability Company				
535565		Exact name of the Limited Liability Company LeBeau Engineers & Consultants, LLC					
3. NAICS Code	4. Brief d	Brief description of the character of business conducted in Rhode Island					
54 - Professional, Scientific, and	civil eng	civil engineering (structural, geotechnical and civil)					
5. State of Formation	1		-				
Rhode Island							
6. Principal Office Address	4		City	State	Zip		
77 Hilltop Avenue			Providence	RI	02908		
7. Mailing Address of Limited Lia	bility Comp	any and Name o	r Title of Contact Person				
Contact Name Keary LeBeau			Contact Title President				
Street Address 77 Hilltop Avenue		City Providence	State RI	Zip 02908			
8. List ALL managers (names an	id addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
				Check the box to i	ndicate an attachment		
9. Resident Agent in Rhode Island	J. This inform	nation is currently of	f record with the Department of Stat	te Changos roquira Eli-	- F 040		
Under penaity of perjury, I decla statements, and that all stateme	are and affi	irm that I have e	veminad this reserve to a surface.	g any accompanyin	g schedules and		
Name of Authorized Person			and area doct dopt	Date			
Keary LeBeau			9/30/16				
Signature of Authorized Person	11		1				
	Ke	ans!	hoem				
							

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 OCT 0 3 2016 BY FORM 632 - Revised: 08/2016