	State of Rhode Island an Office of the Se	-		ONS Fee: \$50.00		
	Division Of B					
	148 W. R Providence R					
HOPE	(401) 2					
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. <u>000130982</u>						
2. Exact Name of the Limited Liability Company Mott MacDonald USA, LLC						
3. State of Formation						
State: <u>MA</u>						
	ARTICL	EIII				
Using the following NAICS codes, please select the code that best describes your business.						
NAICS Code			6	<u>23</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island						
			2			
ENGINEERING CONSULTING						
5. Principal Office Address						
No. and Street: 400 BLUE HILL DRIVE						
	<u>JITE 100,</u>					
City or Town: \overline{W}	ESTWOOD	State	e: <u>MA</u> Zip: <u>02090</u>	Country: <u>USA</u>		
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:						
Contact Name: Contact Title:						
No. and Street: 400 BLUE HILL DRIVE						
	<u>IITE 100,</u> ESTWOOD S	State	e: MA zip: 02090	Country: USA		
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS						
Title	Individual Name		Add	ress		
	First, Middle, Last, Suffix		Address, City or Town, State, Zip Code, Country			
MANAGER	DAVID P WHITE		4301 HACIENDA DRIVE, SUITE 300			

		PLEASANTON, CA 94588 USA			
MANAGER	JOHN DAVENPORT	400 BLUE HILL DRIVE, SUITE 100, NORTH LOBBY WESTWOOD, MA 02090 USA			
MANAGER	KEITH J. HOWELLS	RENAISSANCE HOUSE, 12 DINGWALL ROAD CROYDON, CR0 2NA GB			
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11					
<u>CORPORATION SERVICE COMPANY</u> 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, <u>RI</u> 02888					
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).					
 Signed this 27 Day of October, 2016 at 2:33:18 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 J. CRAIG VELASQUEZ Signature of Authorized Person 					
Form No. 632 Revised 09/07					

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