




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

Annual Report for the year: 2017
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.

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1. Entity ID Number 001662537		2. Exact name of the Limited Liability Company Tripi Engineering Services, LLC			
3. NAICS Code 541330		4. Brief description of the character of business conducted in Rhode Island The company is organized to issue opinions of probable cost, structural and other engineering design and consultation services for residential, commercial, institutional and industrial facilities; owning and/or operating business, professional and/or other office real estate properties; and, engaging in any activities directly or indirectly related or incidental to the above-identified activities.			
5. State of Formation MA					
6. Principal Office Address 433 Main Street, Suite 4		City Hudson		State MA	Zip 01749
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name J. Matthew Tripi		Contact Title Manager			
Street Address 433 Main Street, Suite 4		City Hudson		State MA	Zip 01749
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name J. Matthew Tripi		Manager Name			
Street Address 433 Main Street, Suite 4		Street Address			
City Hudson	State MA	Zip 01749	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person Tessa Tripi, Member				Date 10/20/2017	
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

FILED

OCT 23 2017

FORM 632 - Revised: 08/2016

By  315568