Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company <i>Filing Period: September 1 - November 1</i> In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing					
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Fing 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 with hitting (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: 2018 1. ID No. 000163054 2. Exact Name of the Limited Liability Company <u>IM ALBAINE ENGINEERING, LLC</u> 3. State of Formation State: CT ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 541330 4. Brief Description of the Character of the Business Which is Actually Conducted In Rhode Island DESIGN, ANALYSIS, AND EVALUATION OF NEW/EXISTING STRUCTURES FOR <u>RESIDENTIAL</u> . COMMERCIAL /INDUSTRIAL BUILDINGS. 5. Principal Office Address No. and Street: 14.1DNCOLN ROAD City or Town: State: CT zip: 06385 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 14.1DNCOLN ROAD City or Tow: YALERFORD State: CT zip: 06385 Country: USA 7. Na	s			Fee: \$50.00	
Annual Report Filing Period: September 1 - November 1 In accordance with R1 G L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirly (20) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a panalty fee of \$25.00. ANNUAL REPORT YEAR: 2018	HOPE	148 W. River S Providence RI 0290	reet 14-2615		
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First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Title	Individual Name	Addres	s	
		First, Middle, Last, Suffix	Address, City or Town, State	e, 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

MIKE MCELROY 21 DRYDEN LANE PROVIDENCE, RI 02904

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

Signed this 7 Day of October, 2018 at 2:04:11 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 JM ALBAINE

Signature of Authorized Person

Form No. 632 Revised 09/07

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