



State of Rhode Island and Providence Plantations

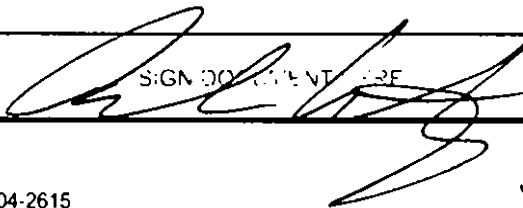
Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 1341365		2. Exact name of the Corporation Miller Consulting Engineers, Inc												
3. Principal Office Address 9570 SW Barbur Blvd STE 100			City Portland	State OR	Zip 97219									
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island Structural engineering services												
5. State of Incorporation Oregon														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Kevin McCormick			Vice-President Name											
Street Address 21317 SW Imperial St			Street Address											
City Aloha	State OR	Zip 97006	City	State	Zip									
Secretary Name Ronald Vandehey			Treasurer Name Eric Watson											
Street Address 5985 SW 179th Ave			Street Address 10635 SW Lady Marion Dr											
City Aloha	State OR	Zip 97007	City Tigard	State OR	Zip 97224									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Lane Jobe			Director Name Andrew Leichthy											
Street Address 143 NE 20th Dr			Street Address 8835 SW Bellflower											
City Hillsboro	State OR	Zip 97124	City Tigard	State OR	Zip 97224									
Director Name Paul Albertine			Director Name											
Street Address 5578 SE Del Rio St			Street Address											
City Hillsboro	State OR	Zip 97123	City	State	Zip									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>5785</td> <td></td> <td>10 . 00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	5785		10 . 00			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		5785		10 . 00										
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative Andrew Leichthy PE, SE				Date 01/25/2019										
Signature of Authorized Representative 				FILED										

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 30 2019
BY **W5FFI** FORM 630 - Revised: 10/2017
A.A. 10:45 A.M.