



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 126722		2. Exact name of the limited liability company Northwest Engineering Services, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ENGINEERING SERVICES	
5. Principal office address 184 INDIAN TRAIL		City CHEPACHET	State RI
		Zip 02814	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name William P. Drexel		Contact Title Member	
Street Address 184 Indian Trail		City Chepachet	State RI
		Zip 02814	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
State		State	
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ROBERT A. PERETTI, ESQ.		Address 1536 WESTMINSTER STREET	
Address		City PROVIDENCE	Zip 02909-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 2 6 7 2 2

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.

William P. Drexel 9-20-05
Signature of Authorized Person Date

William P. Drexel, Member

Print or Type Name of Authorized Person

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File Date 9/28/05

Check No. 1183

By: Ch

FOR SECRETARY OF STATE USE ONLY

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004
Period: September 1 - November 1 • Filing Fee: \$50.00

MUST BE TYPED OR PRINTED IN BLACK

2. Exact name of the limited liability company Northwest Engineering Services, LLC			
3. Date of Formation 01/28/05		4. Brief description of the character of the business which is actually conducted in Rhode Island ENGINEERING SERVICES	
Principal office address INDIAN TRAIL		City CHEPACHET	State RI
Principal mailing address of limited liability company and name or title of contact person: Name: William P. Drexel Contact Title: Member			
Address Indian Trail		City Chepachet	State RI
5. Name and address of each manager of the limited liability company, if applicable FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Name		Manager Name	
Address		Street Address	
State	Zip	City	State
Name		Manager Name	
Address		Street Address	
State	Zip	City	State
6. Registered agent in Rhode Island - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Name BERT A. PERETTI, ESQ.		Address 1536 WESTMINSTER STREET	
		City PROVIDENCE	Zip 02909-

Report must be signed in ink by an authorized person pursuant to 7-16-66.



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Date: 1/28/05
Vol: 1006
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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.

William P. Drexel 1/25/05
Signature of Authorized Person Date
William P. Drexel, Member
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Mathew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 126722		2. Exact name of the limited liability company Northwest Engineering Services, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ENGINEERING SERVICES	
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		Zip 02814	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name William P. Drexel		Contact Title Member	
Street Address 184 Indian Trail		City Chepachet	State RI
		Zip 02814	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ROBERT A. PERETTI, ESQ.		Address 1536 WESTMINSTER STREET	
Address		City PROVIDENCE	Zip 02909-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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File Date _____

RECEIVED

Check No. _____

FEB 18 2004

By: _____

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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.

William P. Drexel 2/10/04
Signature of Authorized Person Date

William P. Drexel, Member
Print or Type Name of Authorized Person