



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. 127227		2. Exact name of the limited liability company FCI Engineering Group, LLC.			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Civil Engineering Design and Construction Inspection Services			
5. Principal office address 43 Carteret Street			City Providence	State RI.	Zip 02908
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name FERDINAND IHENACHO			Contact Title MANAGING MEMBER/PRESIDENT		
Street Address 43 Carteret Street			City Providence	State RI.	Zip 02908
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 CHARITY IHENACHO		•Manager Name .			
Street Address 43 Carteret Street		•Street Address .			
City Providence	State RI.	Zip 02908	•City .	•State .	•Zip .
•Manager Name		•Street Address			
City .	State .	Zip .	•City .	•State .	•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 FERDINAND IHENACHO			Address		
Address 43 Carteret Street			City Providence	Zip RI.02908	

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



1 2 7 2 2 7

File Date	FILED
Check No.	AUG 30 2005
By:	By <u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY	

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.

[Signature] 8/29/05
Signature of Authorized Person Date

FERDINAND IHENACHO
Print or Type Name of Authorized Person



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 127227		2. Exact name of the limited liability company FCI Engineering Group, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Civil Engineering Design and Construction Inspection Services			
5. Principal office address 43 Carteret Street		City Providence	State RI.	Zip 02908	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name FERDINAND IHENACHO			Contact Title MANAGING MEMBER/PRESIDENT		
Street Address 43 Carteret Street		City Providence	State RI.	Zip 02908	
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 Ferdinand Ihenacho		Manager Name			
Street Address 43 Carteret Street		Street Address			
City Providence	State RI.	Zip 02908	City	State	Zip
Manager Name Charity Ihenacho		Manager Name			
Street Address 43 Carteret Street		Street Address			
City Providence	State RI.	Zip 02908	City	State	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 FERDINAND IHENACHO			Address		
Address 43 CARTERET STREET.		City PROVIDENCE	Zip 02908		

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



1 2 7 2 2 7

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.

File Date 9/29/04
 Check No. 1249
 By: ME
 FOR SECRETARY OF STATE USE ONLY

[Signature] 9/28/04
 Signature of Authorized Person Date
FERDINAND IHENACHO
 Print or Type Name of Authorized Person



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. 127227		2. Exact name of the limited liability company FCI Engineering Group, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CIVIL ENGINEERING DESIGN & CONSTRUCTION SERVICES			
5. Principal office address 43 CARTERET STREET		City PROVIDENCE	State RI.	Zip 02908	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name FERDINAND IHENACHO			Contact Title PRESIDENT/MANAGING MEMBER		
Street Address 43 CARTERET STREET		City PROVIDENCE	State RI.	Zip 02908	
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 FERDINAND IHENACHO			Manager Name		
Street Address 43 CARTERET STREET			Street Address		
City PROVIDENCE	State RI.	Zip 02908	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	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 FERDINAND C. IHENACHO			Address		
Address 43 CARTERET STREET			City PROVIDENCE	Zip 02908	

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



* 1 2 7 2 2 7 *

File Date 9/25/03
Check No. 1106
By: KMC

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 9/23/03
Signature of Authorized Person Date
FERDINAND C. IHENACHO, PRESIDENT
Print or Type Name of Authorized Person