Si	ate of Rhode Island and Pro Office of the Secreta		ons Fee: \$50.00
Division Of Business Services 148 W. River Street			
	Providence RI 0290		
(401) 222-3040			
HOPE	(401) 222-30-	+0	
Limited Liability Company Annual Report Filing 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 within thirty (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: 2019			
1. ID No. <u>000990362</u>			
2. Exact Name of the Limited Liability Company <u>ANCHOR QEA, LLC</u>			
3. State of Formation			
State: <u>WA</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. 541620			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
ENVIRONMENTAL SCIENCES AND ENGINEERING CONSULTING			
5. Principal Office Addres	SS		
	3RD AVENUE		
	<u>TTLE</u> State: <u>W</u>	<u>A</u> Zip: <u>98101</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title: No. and Street: <u>1201 3RD AVENUE</u> SUITE 2600			
City or Town: SEA		<u>A</u> Zip: <u>98101</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Ada	Iress
	First, Middle, Last, Suffix		State, 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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 4 Day of October, 2019 at 12:40:56 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 <u>KELLY LETTMANN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2019 State of Rhode Island and Providence Plantations All Rights Reserved