

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401,222.3040

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'***** 'MITED I I	ARII	ITV CO	MPANV AN	NUAL REPORT FO	R THE YE	AR ²⁰⁰⁵	
iling Period: Septe	mber 1 -	November 1	• Filing Fee: \$5	0.00			
ORM MUST BE TYPE							
I. ID No.	2. Exact i	name of the limi	ted liabilty company				
118642	1	tone Consul					
3. State of Formation				business which is actually conducted	in Rhode Island		
RHODE ISLAND		ENVIRONMEN	TAL CONSULTING	AND SERVICES			
5. Principal office addre	L css			City	State	Zip	
1600 FINANCIA		A		PROVIDENCE	RI	02903-	
6. MAILING ADD	RESS O	F LIMITED I	JABILITY COMP	ANY AND NAME OR TITLE	OF CONTACT PE	RSON:	`
Contact Name				Contact Title			
SEAN T DUNDEN				•			
Sireei Address				City	State	Zip	
32 BEST STREE	T			. PORTLAND	ME	04103	<u> </u>
7. NAME AND AD		FILL IN SP	ACES BEFORE USING	LIMITED LIABILITY COM G ATTACHMENTS ("X" BOX F UIRES FILING OF AMENDMENT.	OR ATTACHMENT)	Li .	
Munager Name		JBII IGAII IOIGS	TO MAIOROZIIO ITER	• Manager Name			—
None				·			
Sireei Address	-		-	· Street Address			
			<u> </u>	•	<u> </u>		
City		State	Zip	*City	State	Zip	
Manager Name None		J		Manager Name			• • •
Sirect Address			·	·Street Address			
•				• <u> </u>		- 1-2/2	
City		State	Zip	City	State	Zip	
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8. RESIDENT AGE	<u>wi iu ki</u>	HODE ISLAN	U-DO NOT ALTER- C	Address			
	IDVE E	S O		1600 FINANCIAL	PLAZA		
STEPHEN H. BU	JANE, E	<u></u>	<u> </u>	City		Zip	
Address				PROVIDENCE		02903-	
RATCLIFFE BU	KE ANI	U HARTEN I	- La E ^a	5KOAIDEMCE		1 02 7 0 3	

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



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	CVC.
<i>B</i> <u>y∵</u>	
FOR SECRE	TARY 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.

Matthew A. Brown, Secretary of State Corporations Division

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

Carporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

<i>ID No.</i> 18642	2. Exact name of the lin Blackstone Consu	ulting LLC	·		
State of Formation			e business which is actually conducted	in Rhode Island	
RHODE ISLAND) BNVIRONME	ENTAL CONSULTING	AND SERVICES		•
. Principal office add		<u> </u>	City	State	Zip
600 FINANCIA			PROVIDENCE	RI	02903-
6 MAILING ADI	DRESS OF LIMITED	LIABILITY COMPA	ANY AND NAME OR TITLE	OF CONTACT P	ERSON:
Contact Name	<u> </u>		Contact Title		
SEAN T DUND	N		•		
ireet Address			Ciry	State ME -	Zip -04103- ···
2 BEST STREE		·	PORTLAND		
. NAME AND AL	DDRESS OF EACH N	ANAGER OF THE	LIMITED LIABILITY COM	PANY, IF APPLI	CABLE
	FILL IN'S	PACES BEFORE USING	G-ATTACHMENTS ("X" BOX F UIRES FILING OF AMENDMENT. R) G 7-16-12 (a) (/ □ 2) / 7-16-52
	ANY MODIFICATION	S TO MANAGERS REQU			
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None	<u> </u>		Street Address		
Street Address	• • • • • •		•	1 * 15	e general de la regional de la composition della
City	State	Zip	*City	State	Zip
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Manager Name			Manager Name		••••
		<u> </u>	<u>:</u>		
Street Address			·Street Address		
	State	Zip	City	State	Zip
City	Sidie	[2.φ	•		
e DESIDENT AC	ENT IN RHODE ISLA	ND -DO NOT ALTER- C	hanges require filing of F	orm 642 - R.I.G.	L. 7-16-11
agent Name	ENT IN KILODIS ISE		Address		
STEPHEN H. B	URKE, ESQ.		1600 FINANCIAL	PLAZA	_
Address			City		Zip
	JRKE AND HARTEN	LLP	PROVIDENCE		02903-
This report must	be signed in ink by	an authorized person	n pursuant to 7-16-66.		
This report must	be signed in ink by	an authorized perso	n pursuant to 7-16-66.		
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This report must	be signed in ink by	an authorized persoi	Under penalty of p	perjury, I declare an	d affirm that I have examine
This report must	be signed in ink by	an authorized persoi	Under penalty of p	ng any accompanyi	d affirm that I have examine
			Under penalty of p	ng any accompanyi	d affirm that I have examine ing schedules and statements in are true and correct.
*118642 DLLC	be signed in ink by		Under penalty of p	ng any accompanyi	ing schedules and statements
			Under penalty of p	ng any accompanyi	ing schedules and statements
*118642 DLLC File Date	09/21/04 10:09:10 /		Under penalty of p	ng any accompanyi ents contained here	ing schedules and statements
*118642 DLLC			Under penalty of p this report, includi and that all statem Signature of Authori	ng any accompanyi ents contained here	ing schedules and statements
*118642 DLLC File Date	09/21/04 10:09:10 /		Under penalty of p this report, includi and that all statem Signature of Authoric	ng any accompanyi ents contained here	ing schedules and statements in are true and correct. 9/23/04



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 2003

445.44	1) Exact name of the	e Horited Hability	combany					
. ID No. 118642		name of the limited liability company Blackstone Consulting LLC						
State of Formation	4 Brief d	scription of the c	haracter of the bus	iness which is actuall	y conducted in Rhode Islan	ıd		
s. state of Pormation	Envi	conmenta	al consul	ting and	ing and services			
RHODE ISLAND	Envi	L O J I M C I I C C					Zlp	
5. Principal office address				City	vidence	State RI	702903	
1600 Financial Plaza								
. MAILING ADD	RESS OF LIMITED	LIABILITY C	OMPANY AND	NAME OR TITL	E OF CONTACT PER	2014:		
Contact Name Sea	an T. Dunde	n		Conlact T	Me Principal			
					Portland	State ME	Zip 0 4 1 0 3	
Street Address 82	Best Stree	t		СПУ	Portland	January Phil	/ 3 / 2 / 3	
Manager Name		ONS TO MAN	AGERS REQUII	RES FILING OF A	("X" BOX FOR A AMENDMENT, R.I.G. Name	L. 7-10-12 (a)	(2) / / 10 /-	
Manager Name N	any modification	ONS TO MAN	AGERS REQUI	RES FILING OF A	AMENDMENT, R.I.G.			
Manager Name		ONS TO MAN	Zip	RES FILING OF A	AMENDMENT, R.I.G.	State	Zíp	
Manager Name No	one	ONS TO MAN		Street Ad	AMENDMENT, K.I.G.			
Manager Name Street Address City Manager Name	one	ONS TO MAN		Street Add	AMENDMENT, K.I.G. Name			
Manager Name Street Address City Manager Name	one	ONS TO MAN		Street Add	AMENDMENT, K.I.G. Name			
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Manager Name Street Address City Manager Name Street Address City	State		Zip Zip	Street Add City Manager Street Add City City	AMENDMENT, K.I.G. Name Name	State State	Zip Zip	
Manager Name Street Address City Manager Name Nireet Address City 8. RESIDENT AC	State		Zip Zip	Street Add City Manager Street Add City City	AMENDMENT, K.I.G. Name	State State	Zip Zip	
Manager Name Street Address City Manager Name Street Address City 8. RESIDENT AGAGEN Name	State State State		Zip Zip	Street Ad City Street Ad City Annager Street Ad Address	AMENDMENT, K.I.G. Name Name	State State - R.1.G.L. 7-16	Zip Zip	
Manager Name Street Address City Manager Name Nireet Address City 8. RESIDENT AC	State State State		Zip Zip	Street Ad City Street Ad City Annager Street Ad Address	AMENDMENT, R.I.G. Name Name Idress filing of Form 642	State State - R.1.G.L. 7-16	Zip Zip	

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

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By:	

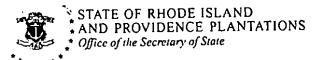
FOR SECRETARY OF STATE USE ONLY

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.

Sean T. Dundon

Print or Type Name of Authorized Person

Form 632 Rev. 7/03



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR <u>2002</u>

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company I. ID No. 118642 Blackstone Consulting LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation Environmental consulting and services **RHODE ISLAND** ^{Zip}02903 RΙ Principal office address
1600 Financial Plaza Providence 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Copyritteipal ^{Contact Name} Sean T. Dundon Zip 04103 State Street Address ME Portland 82 Best Street 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 · Manager Name Manager Name None • Street Address Street Address State City Zip State City Manager Name Manager Name ·Street Address Street Address Zip State Cir State Zip City 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name RATCLIFFE BURKE AND HARTEN LLP STEPHEN H. BURKE, ESQ. Zip Address 02903-PROVIDENCE 1600 FINANCIAL PLAZA

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



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Print or Type Name of Authorized Person