



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. 141348		2. Exact name of the limited liability company ASPEN DESIGN GROUP, LLC.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Consulting Engineering/Design Firm			
5. Principal office address 75 Pound Road		City Cumberland	State RI	Zip 02864-2701	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Joseph A. Vela, Sr.			Contact Title 		
Street Address 75 Pound Road		City Cumberland	State RI	Zip 02864-2701	
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 Joseph A. Vela, SR.			Manager Name 		
Street Address 75 Pound Road		Street Address 			
City Cumberland	State RI	Zip 02864-2701	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 ROBERT V. COLAGIOVANNI			Address 		
Address 3010 POST ROAD		City WARWICK	Zip 02886-		

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



File Date	9/29/05	*141348*
Check No.	1042	
By:	Ch	
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 of Authorized Person **Joseph A. Vela, Sr.** Date **9/26/05**
Print or Type Name of Authorized Person