



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**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:** 2020

**1. ID No.** 001658944

**2. Exact Name of the Limited Liability Company** BLACK & VEATCH MANAGEMENT CONSULTING, LLC

**3. State of Formation**

State: KS

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541330

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

MANAGEMENT CONSULTING

**5. Principal Office Address**

No. and Street: 11401 LAMAR AVENUE

City or Town: OVERLAND PARK

State: KS

Zip: 66211

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 11401 LAMAR AVE

City or Town: OVERLAND PARK

State: KS

Zip: 66211

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	STEVE UHLMANSIEK	11401 LAMAR AVE OVERLAND PARK, KS 66211 USA

MANAGER	KEN WILLIAMS	11401 LAMAR AVE. OVERLAND PARK, KS 66211 USA
MANAGER	ANDREA BERNICA	11401 LAMAR AVE OVERLAND PARK, KS 66211 USA
MANAGER	MARTIN TRAVERS	11401 LAMAR AVE OVERLAND PARK, KS 66211 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 30 Day of October, 2020 at 12:28:42 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 ERIC BENTON  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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