	State of Rhode Office of the Secreta		Fee: \$50.00	
Division Of Business Services				
148 W. River Street				
	Providence RI 0290 (401) 222-304			
HOPE	(401) 222-304	+0		
Limited Liability Com	ipany			
Annual Report Filing Period: September 1	- November 1			
In accordance with R.I.G.L. to file its annual report with	7-16-66(d), each limited liability comp in thirty (30) days after the time presc			
16-66(b&c)) is subject to a ANNUAL REPORT YEAR:				
1. ID No. 001658944				
2. Exact Name of the Limited Liability Company <u>BLACK & VEATCH MANAGEMENT</u> <u>CONSULTING, LLC</u>				
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 <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>541330</u>				
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in R	hode Island	
MANAGEMENT CON	<u>SULTING</u>			
5. Principal Office Address				
No. and Street: 11401 LAMAR AVENUE				
City or Town: $OVERLAND PARK$ State: KS Zip: $\underline{66211}$ Country: \underline{USA}				
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:		
Contact Name: Contact Title:				
No. and Street:11401 LAMAR AVECity or Town:OVERLAND PARKState: KSZip: 66211Country: USA				
City or Town: OVE	ERLAND PARK State: K	<u>S</u> Zip: <u>66211</u> Cour	nry: <u>USA</u>	
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 OVERLAND PARK, KS 66		

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

<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 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 <u>ERIC BENTON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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