



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. 130981		2. Exact name of the limited liability company InSite Engineering Services, LLC			
3. State of Formation MASSACHUSETTS		4. Brief description of the character of the business which is actually conducted in Rhode Island Civil engineering and land surveying			
5. Principal office address 1563 FALL RIVER AVENUE		City SEEKONK	State MA	Zip 02171	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name PAUL CARLSON			Contact Title Owner		
Street Address 11 Cristy Court		City No Smithfield	State RI	Zip 02886	
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			Manager Name		
Street Address			Street Address		
City	State	Zip	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 PAUL D. CARLSON			Address		
Address 11 CRISTY COURT			City NORTH SMITHFIELD	Zip 02896-	

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



File Date	9/26/05	*130981*
Check No.	1894	
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.

Signature of Authorized Person

9-30-05
Date

PAUL D CARLSON
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No. 130981		2 Exact name of the limited liability company InSite Engineering Services, LLC			
3 State of Formation MASSACHUSETTS		4 Brief description of the character of the business which is actually conducted in Rhode Island			
5 Principal office address 1563 Fall River Avenue, Suite 4			City Seekonk	State MA	Zip 02771
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBERT L. DAVIS			Contact Title PRESIDENT		
Street Address 1563 Fall River Ave, Suite 4			City Seekonk	State MA	Zip 02771
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					
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Address 11 CRISTY COURT			City NORTH SMITHFIELD	Zip 02896	

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



* 1 3 0 9 8 1 *

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.

File Date 12/15/04
Check No 1484
By W.
FOR SECRETARY OF STATE USE ONLY

[Signature] 11-1-04
Signature of Authorized Person Date
Paul D Carlson
Print or Type Name of Authorized Person