RI SOS Filing Number: 202073224950 Date: 11/4/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

NOV 04 2020 STAME

Annual Report for the year: 2020 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

| 1. Entity ID Number 2. Exact name of the Limited Liability Company | | | | | |
|--|---|-----|----------------------|----------|----------------------|
| 000128847 | St. Jean Engineering, LLC | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 238320 | Engineering Services | | | | |
| 5. State of Formation | 1 | | | | |
| RI | | | | | |
| 6. Principal Office Address | | | City | State | Zip |
| 209 Arnolds Neck Dr. | | | Warwick | RI | 02886 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Richard St. Jean | | | Contact Title Member | | |
| Street Address 209 Arnolds Neck Dr. | | | City Warwick | State RI | ^{Zip} 02886 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| 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 |
| Check the box to indicate an attachment | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | |
| 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. | | | | | |
| Name of Authorized Person Richard St. Jew Date 10 76 7020 | | | | | |
| izicularo ST. Jean | | | | | 2020 |
| Signature of Authorized Person Sign DOO WENT HERE | | | | | |
| 71 | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov