STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

***Matthew A. Brown**, Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: $50.00

1 ID No	2 Exact name of the limited liability company
130982	CAREBA POWER ENGINEERS, LLC

3 State of Formation	4 Brief description of the character of the business which is actually conducted in Rhode Island
MASSACHUSETTS	ENGINEERING & DESIGN FOR PROJECTS IN RI

5 Principal office address	City	State	Zip
400 BLUE HILL DRIVE	WESTWOOD	MA	02090

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
LARRY SULLIVAN	PRINCIPAL

Street Address	City	State	Zip
3 MARGAUXS WAY	NORFOLK	MA	02056

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
LARRY SULLIVAN, PE	3 MARGAUXS WAY	NORFOLK	MA	02056
NIZOM GHANTOUS, PE	5 SUNNYROCK DR	WRENTHAM	MA	02081
JOHN DAVENPORT, PE	30 BARON RD	FRANKLIN	MA	02038

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

Agent Name	Address	City	Zip
MARIE D'AMICO	CARESEARCH, INC.	WARWICK	02888

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

2006 MAY -2 PM 12:49

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.

L. P. Sullivan 4/25/06
Signature of Authorized Person *Date*

L. P. SULLIVAN
Print or Type Name of Authorized Person

File Date FILED
Check No. MAY 02 2006
By: BC 97597
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 12/05

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 2004

Filing Period: September 1 - November 1** • **Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
130982	Careba Power Engineers, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
MASSACHUSETTS	ENGINEERING & DESIGN FOR PROJECTS LOCATED IN RI

5. Principal office address	City	State	Zip
60 KENDRICK ST	NEEDHAM	MA	02494

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
LARRY SULLIVAN	PRINCIPAL

Street Address	City	State	Zip
60 KENDRICK ST	NEEDHAM	MA	02494

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS ***("X" BOX FOR ATTACHMENT)*** ☒
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
LARRY SULLIVAN	29 ADAMS ST	MEDFIELD	MA	02052
NIZOM GHANTOUS	5 SUNNYROCK DR	WALPOLE	MA	02081
JOHN DAVENPORT	30 SALON RD	FRANKLIN	MA	02038

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

Agent Name	Address	City	Zip
MARIE D'AMICO	PARASEARCH, INC.	WARWICK	02888-

Address
222 JEFFERSON BOULEVARD, SUITE 200

*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 2 *

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.

10/13/04
Signature of Authorized Person *Date*

LAWRENCE P. SULLIVAN
Print or Type Name of Authorized Person

File Date 10/19/04
Check No 1119
By: US

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 7/03