	State	of Rhode Islar	nd	Fee: \$50.00	
	Office of t	he Secretary o	f State		
		Of Business Serv W. River Street	vices		
	-	w. River Street ence RI 02904-26	515		
1636		01) 222-3040			
Limited Liability Company Annual Report					
Filing Period: Februa	ary 1 - May 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	(EAR: <u>2023</u>				
1. ID No. <u>001053098</u>					
<b>2. Exact Name of the Limited Liability Company</b> <u>GARY K. MUNKELT AND ASSOCIATES,</u> <u>LLC</u>					
3. State of Formati	on				
State: <u>PA</u>					
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 the Character of the Business Which is Actually Conducted in Rhode Island					
<u>PREPARES &amp; SEALS ENGINEERING DOCUMENTS FOR OUR CLIENTS' PRODUCTS.</u> THESE					
PRODUCTS INCLUDE, BUT ARE NOT LIMITED TO, MATERIAL HANDLING					
<u>STRUCTURES SUCH</u> <u>AS STORAGE RACKS, SIGNS, AND UNDERGROUND PRECAST CONCRETE</u>					
<u>AS STORAGE RA</u> <u>STRUCTURES.</u>	CIND, SIGIND, AND UNL	<u>ENOROUND P</u>	KLCAST CUT	<u>NCRETE</u>	
5. Principal Office Address					
No. and Street:	1180 WELSH ROAD				
City or Town:	<u>SUITE 190</u> NORTH WALES	State: PA	Zip: <u>19454</u>	Country: <u>USA</u>	

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:					
Contact Name: <u>SALLY JO CARROLL</u> Contact Title: <u>ADMINISTRATIVE CONSULTANT</u> No. and Street: <u>1180 WELSH ROAD</u> SUITE 190					
City or Town: NORTH WALES State: PA Zip: 19454 Country: USA					
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11					
CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888					
8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).					
<ul> <li>Signed this 5 Day of April, 2023 at 4:43:01 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.</li> <li>By <u>ADAM M. MCLAUGHLIN</u> Signature of Authorized Person</li> </ul>					
Form No. 632 Revised 09/07					
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