



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

**Fee: \$50.00**

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Foreign Business Corporation  
Annual Report**

*Filing Period: January 1 - March 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2007

**1. Corporate ID No.** 000150615

**2. Name of Corporation** Copley Wolff Design Group, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 160 BOYLSTON STREET

City or Town: BOSTON

State: MA

Zip: 02116

Country: USA

**4. Business Phone No.**

617-654-9000

**5. State of Incorporation**

State: MA

**6. Brief Description of the Character of Business Conducted in Rhode Island**

LANDSCAPE ARCHITECTURE, DESIGN AND PLANNING SERVICES

**7. Names and Addresses of the Officers and Directors:**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LYNN E WOLFF	36 CONCORD SQUARE BOSTON, MA 02118- USA

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.00	200,000	196

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 13 Day of September, 2007 at 11:41:33 AM by the incorporator(s).** *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MAUREEN KENNEDY GALLAGHER  
Signature of Authorized Representative of the Corporation

CONTROLLER  
Title

Form No. 630  
Revised 09/07

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