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

***A. Ralph Mollis,*** *Secretary of State*
*Corporations Division*
*148 W. River Street*
*Providence, RI 02904-2615*
*401.222.3040*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

***Filing Period: January 1 - March 1 • Filing Fee: $50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK***
**** 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.***

| 1. Corporate ID No. | 2. Name of Corporation | | | |
|---|---|---|---|---|
| 45734 | BLOUNT-BENNETT ARCHITECTS, LTD. | | | |
| 3. Street Address Principal Business Office | | City | State | Zip |
| 37 NORTH BLOSSOM STREET | | EAST PROVIDENCE | RHODE ISLAND | 02914 |
| 4. Business Phone No. | 5. State of Incorporation | | | |
| (401) 431-1922 | RHODE ISLAND | | | |

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

**7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS**

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| JOSEPH E. BLOUNT | 37 NORTH BLOSSOM STREET | EAST PROVIDENCE | RI | 02914 |

| Vice President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| GEORGE A. BENNETT, JR. | 37 NORTH BLOSSOM STREET | EAST PROVIDENCE | RI | 02914 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| JOSEPH E. BLOUNT | 37 NORTH BLOSSOM STREET | EAST PROVIDENCE | RI | 02914 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| GEORGE A. BENNETT, JR. | 37 NORTH BLOSSOM STREET | EAST PROVIDENCE | RI | 02914 |

**8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS**

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| NONE | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

**9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐**

| AUTHORIZED SHARES | | |
|---|---|---|
| Number of Shares | Class/Series | Par Value |
| 600 COMM NO PAR VALUE | | |

**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

| ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
|---|---|---|
| Number of Shares | Class/Series | Par Value |
| 200 | COMMON | NONE |

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.

[redacted]

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.

Joseph E Blount 1-19-08
*Signature* *Date*

JOSEPH E. BLOUNT
*Print or Type Name*

PRESIDENT
*Title*

[redacted]

**FILED**
*File Date* JAN 25 2008
*Check No.* 13558
*By:* By DS
FOR SECRETARY OF STATE USE ONLY

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Form 630 Rev. 12/06