RI SOS Filing Number: 200809029080 Date: 04/07/2008 4:00 PM

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

Amended 4.4.08

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.I. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
100866	Lamborghini/ Feibelman Ltd.			
3. Street Address Principal Business Office		City	State	Zip
14 Imperial Place, Suite 201		Providence	RI	02903-4639
4. Business Phone No.	5. State of Incorporation			
401-272-4505	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
The Practice of Architecture and Architectural Design

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

President Name	Vice President Name
Barbara Feibelman	NONE
Street Address	Street Address
14 Imperial Place, Suite 201	
City / State / Zip	City / State / Zip
Providence / RI / 02903-4639	
Secretary Name	Treasurer Name
Barbara Feibelman	Barbara Feibelman
Street Address	Street Address
14 Imperial Place, Suite 201	14 Imperial Place, Suite 201
Providence / RI / 02903-4639	Providence / RI / 02903-4639

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

Director Name	Director Name
Barbara Feibelman	
Street Address	Street Address
14 Imperial Place, Suite 201	
Providence / RI / 02903-4639	
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
800 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
100	Common	None
	THIS SECTION MUST BE COMPLETED	

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]

FILED
File Date: APR 07 2008 11:48
Check No.:
By: FMC
By:
120895-2:246805 STATE USE ONLY

Amended 4.4.08

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.

Barbara Feibelman
Signature *Date*

Barbara Feibelman
Print or Type Name

[redacted] President
Title

Form 630 Rev. 12/06